

**REQUEST FOR AN INTERPRETER**

I, \_\_\_\_\_, the parent or person in parental  
relationship of \_\_\_\_\_,  
(Name of Child)

be present at impartial hearing scheduled for \_\_\_\_\_  
(Date)

at \_\_\_\_\_.  
(Time)

The interpreter should be prepared to interpret the following  
language(s).

\_\_\_\_\_

The interpreter should be prepared to interpret in sign language.

\_\_\_\_\_  
(Parent's Signature)

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**REQUEST FOR WHEELCHAIR ACCESSIBILITY**

I, \_\_\_\_\_, the parent or person  
in parental relationship of \_\_\_\_\_,  
(Name of Child)

Wheelchair accessible facilities for the impartial hearing scheduled for

\_\_\_\_\_ at \_\_\_\_\_  
(Date) (Time)

\_\_\_\_\_  
(Parent Signature)

**PLEASE RETURN THIS COMPLETED FORM TO:**

**(BY MAIL) IMPARTIAL HEARING OFFICE  
131 Livingston Street – room 201  
Brooklyn, NY 11201**  
**(BY FAX) 718-935-2528**