

Interpretive Services Request Form

The Industrial Commission provides interpretive services to Injured Workers or Employers who are hearing impaired or require a foreign language interpreter at hearings and medical examinations at no charge. **The representative is responsible for requesting an interpreter for each hearing.**

To request interpretive services, please contact the Interpreter Coordinator in one of the following ways:

- Print form and mail to: Ohio Industrial Commission, Attn: Interpreter Services Coordinator, 30 W. Spring St. 1st floor, Columbus, Ohio 43215-2233
- Call and request by telephone: (614) 466-6136 or 1-800-521-2691
- Call and request by TDD: 1-800-686-1589
- Print form and fax: (614) 728-7004
- Email the information on this form: AskIC@ic.ohio.gov

Should the need for this service change, please contact the Industrial Commission 24 hours prior to the hearing.

Please complete the information below to aid in processing this request.

Injured Worker's Information	Employer Information
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Telephone Fax	Telephone Fax
Injured Worker's Representative's Information	Employer's Representative Information
Rep ID#	Rep ID#
Name	Name
Telephone Fax	Telephone Fax

Date of hearing/medical examination where services are requested (mm/dd/yyyy)

Location/office where service is to be performed (city)

Type of service needed (select one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Fulani | <input type="checkbox"/> Serbian |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Greek | <input type="checkbox"/> Shanghaniese |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hindi | <input type="checkbox"/> Soninke |
| <input type="checkbox"/> Asanti Twi | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Ashanti | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Macedonian | <input type="checkbox"/> Tigrinia |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Mai-mei | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Chinese Mandarin | <input type="checkbox"/> Nepali | <input type="checkbox"/> Ukranian |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Polish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/> |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Punjabi | |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian | |

Applicant Name	Date
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Signature