

## Interpretive Services Request Form

The Industrial Commission (IC) provides interpretive services to Injured Workers or Employers who are in need of an American Sign Language or foreign language interpreter at hearings or IC medical examinations at no cost.

**The party is responsible for requesting an interpreter for each hearing.**

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

To request interpretive services, please file an Interpretive Services Request Form (IC-INT) using one of the options below:

- Log into your ICON account and submit the IC-INT from the "Submit a Request / Appeal" section.
- Log into your ICON account and upload the completed IC-INT directly into the claim.
- Fax a completed IC-INT to: (614) 728-7004
- Mail a completed IC-INT to:

Ohio Industrial Commission, Attn: Interpreter Services  
30 W. Spring St. 1st floor  
Columbus, Ohio 43215-2233

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

Injured Worker's Information	Employer Information
Name	Name
Telephone	Telephone
Injured Worker's Representative's Information	Employer's Representative Information
Name	Name
Rep ID#	Rep ID#
Telephone	Telephone

Date of hearing for requested service

Date of medical examination for requested service

Service is needed (check one)  Phone  Webex  In-Person (Explanation required for in-person service):

Type of service needed (select one):

- |   |   |                                     |  |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Egyptian       | <input type="checkbox"/> Laotian    | <input type="checkbox"/> Spanish   |
| <input type="checkbox"/> Amharic                | <input type="checkbox"/> Farsi          | <input type="checkbox"/> Lingala    | <input type="checkbox"/> Swahili   |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> French         | <input type="checkbox"/> Nepali     | <input type="checkbox"/> Tagalog   |
| <input type="checkbox"/> Bengali                | <input type="checkbox"/> Fulani         | <input type="checkbox"/> Polish     | <input type="checkbox"/> Tigrinia  |
| <input type="checkbox"/> Bosnian                | <input type="checkbox"/> Greek          | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Twi   |
| <input type="checkbox"/> Bulgarian              | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Punjabi    | <input type="checkbox"/> Turkish   |
| <input type="checkbox"/> Burmese                | <input type="checkbox"/> Hindi          | <input type="checkbox"/> Russian    | <input type="checkbox"/> Ukranian  |
| <input type="checkbox"/> Chinese Mandarin       | <input type="checkbox"/> Italian        | <input type="checkbox"/> Serbian    | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Croatian               | <input type="checkbox"/> Korean         | <input type="checkbox"/> Somali     | <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/> |
| <input type="checkbox"/> Dari                   |   |                                     |  |

Applicant Name	Date
Signature	