Alabama Foreign Language Court Interpreter Program Written Examination Registration Form

IMPORTANT INFORMATION: All applicants must have submitted their Foreign Language Interpreter Registration Application, Authorization Form for a Criminal Background Check, Copy of Valid Driver License and Social Security Card prior to registering to take the Written Examination. The Overview of the Written Examination is found under both the Foreign Language Interpreter Testing Information and Testing Schedule headings on our website at www.alacourt.gov. A Practice Examination Kit may be purchased from the National Center for State Courts at www.ncsc.org, or by calling (703) 841-5624. Questions concerning this examination may be directed to the Alabama Administrative Office of Courts by calling (334) 954-5014; or 1-866-954-9411, ext. 5014.

ext. 5014.						
PLEASE PRINT						
Name						
Email Address						
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Cell#			Work#			
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Mailing Address			City		State	Zip Code
What language do you t	ranslate or interpret?					
The cost for the	written examination	is \$35.00.				
• The deadline to register is ten (10) days prior to the date you select to attend. Your certified check or money order must be received by this office no later than ten (10) days prior to the date you checked on this registration form.						
	e your certified udicial College		•		<mark>) paya</mark>	ble to the
Mail your registration form and certified check or money order for \$35 to the				FLIP Written Examination Attn: Joy Evans 300 Dexter Avenue Montgomery, AL 36104		
Pi	LEASE CHECK THE B ☐ Friday, January ☐ Friday, May 17, ☐ Friday, October	18, 2019 (<mark>dead</mark> 2019 (<mark>deadline</mark>	<mark>lline</mark> Wednesday, J Wednesday, May	January 4, 20 [.] , 3, 2019)	19)	
The written examination	will be held at the:	300 Dexter Av Montgomery,	Judicial Building venue Alabama 36104 d the building is Fr	ree on Saturdo	ays.	
The Examination will beg building.	gin at 9:00 am and v	vill be held in th	e large classroom	on the lobby l	evel of th	ne judicial
		SE ONLY – DO	NOT WRITE IN TH			
Amount Paid \$	MO #			Confirmed	Attendan	ce □Yes □No
Notified attendee of cancel	ı lation via □email □]phone	On			@