

**DISABILITY RESOURCE CENTER**  
300 W. 5TH STREET; PANAMA CITY FL 32401  
Voice 850 769-6890 ext. 305 ; Fax 850 769-6891 ; VP 850 387-1800  
After hours Emergencies only: (850) 227-4134  
[www.drcpc.org](http://www.drcpc.org)

## INTERPRETER REQUEST FORM

### Requesting Agency's Billing Information

AGENCY:

P.O. #:

CONTACT PERSON NAME/TITLE:

CONTACT NUMBER:

FAX NUMBER:

BILLING ADDRESS:

### Assignment Information

Date:

BEGIN TIME:

EST. END TIME:

#### VIDEO REMOTE OR ON-SITE

If on site, assignment Address (including office/suite number and/or other directions):

Description of appointment: (ie medical office visit, legal consultation, medical surgical procedure, employment interview, etc)

Deaf Consumer(s) Name(s):

PREFERRED MEANS OF COMMUNICATION:

UNKNOWN    CASE    PSE    ASL    TACTILE    ORAL    CART    LOW VISION

Please state any other pertinent information such as requested/preferred interpreter, your organization's credential requirements, any special attire, or instructions:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

*In accordance with Federal Law (including PL 89-333; PL93-112 sections 501, 503, and 504; PL 94-142, and the ADA) sign language interpreters for the Deaf are to be provided at no cost either directly or indirectly to the Deaf person for whom services are to be requested. The business or agency requesting the services of an interpreter above understands that by requesting services, charges for services will be billed at the scale listed in the scale that follows and agree to reimburse DRC for requested services. Failure to provide or failure to pay for requested interpreter services can be construed as failure to abide by the Federal Laws requiring accessibility.*