

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY           CASE NUMBER: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<input type="checkbox"/> THE PEOPLE OF THE STATE OF CALIFORNIA <input type="checkbox"/> PLAINTIFF/PETITIONER: VS. DEFENDANT/RESPONDENT:	
<b>REQUEST TO CANCEL AN INTERPRETER</b>	

1. I am a party in this case (check one item below):
  - Plaintiff/Petitioner       Defendant/Respondent       Counsel
  - Other (describe): \_\_\_\_\_
  
2. I need to cancel the interpreter for the following party/witness, language, and date(s):
  - a. Party/Witness
    - Plaintiff/Petitioner Name: \_\_\_\_\_
    - Defendant/Respondent Name: \_\_\_\_\_
    - Witness Name: \_\_\_\_\_
    - Other (describe) and Name: \_\_\_\_\_
  
  - b. Language: \_\_\_\_\_
  
  - c. Date(s):
    - Hearing date: \_\_\_\_\_ Time: \_\_\_\_\_ Dept./Div: \_\_\_\_\_
    - All future dates

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party or Attorney

**REQUEST TO CANCEL AN INTERPRETER**