

WASHINGTON STATE COURT INTERPRETER PROGRAM WRITTEN EXAM NOTIFICATION

If you would like to be placed on a list to be notified of the next Written Exam, please complete the information below and return it to our office.

PLEASE PRINT CLEARLY

Language: _____

Name: _____
First *Last*

Address: _____
Street/PO Box

_____ *City* *State* *Zip*

Phone Number(s): _____

E-mail: _____

Note: A registration packet will be mailed to you approximately 6 weeks prior to the written exam.

Please return this completed form to:

Administrative Office of the Courts
Court Interpreter Program
PO Box 41170
Olympia, WA 98504-1170
tina.williamson@courts.wa.gov