



JUDICIAL COUNCIL
OF CALIFORNIA
COURT INTERPRETERS PROGRAM

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IDENTIFICATION BADGE REPLACEMENT REQUEST

Name:

(first)

(middle)

(last)

Mailing Address:

Certified/Registered Number: _____

Language(s): _____

Please check one:

☐

Certified Court Interpreter

☐

Registered Interpreter

Date: _____ **Signature:** _____

Please enclose the following:

- ☐ Check payable to the **State of California** in the amount of \$20.00
- ☐ One passport size photograph
- ☐ For name change, copy of Identification card that shows the new name
- ☐ Badge form filled out and signed

Your badge will be ready in 6-8 weeks.

Mail to:

**Judicial Council of California
Court Interpreters Program
455 Golden Gate Avenue
San Francisco, CA 94102**

There will be a \$15 fee assessed to returned checks