**Registration Form for Court Interpreter Written Test**

**Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First                                       Middle                                                                Last**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State, Zip Code**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address**

(          )                                                                       (          )

**Home Phone Number                                                                   Mobile Phone Number**

**Interpreter ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please indicate 1st, 2nd and 3rd choice of testing dates/times:***

\_\_\_\_\_\_\_ Saturday, June 6th at 9:00 am

\_\_\_\_\_\_\_ Tuesday, June 9th at 5:30 pm

\_\_\_\_\_\_\_ Monday, June 22nd at 5:30 pm

\_\_\_\_\_\_\_ Saturday, June 27th at 9:30 am

All above test dates will be held at William Mitchell College of Law in St. Paul

Return completed form

-         via email to [Teresa.Grimlund@courts.state.mn.us](mailto:Teresa.Grimlund@courts.state.mn.us) or

-         **FAX to 651-296-6609** or

-         US mail to:

Court Interpreter Program, Room 105

Minnesota Judicial Center

25 Rev. Dr. Martin Luther King, Jr. Blvd.

St. Paul, MN 5515

Once received, we will confirm your registration within 2 to 3 business days.