ACCESS TO JUSTICE DEPARTMENT - INTERPRETATION SERVICES FEEDBACK FORM

Submit this form to:
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YOUR NAME:_____

PHONE: _____ E-MAIL ADDRESS:_____

CASE NUMBER: _____ HEARING DATE: _____ TIME: _____

☐ CIRCUIT COURT ☐ DISTRICT COURT COUNTY: _____

LOCATION:_____

IF YOU ARE FILLING OUT ON BEHALF OF SOMEBODY ELSE, PLEASE INDICATE THEIR NAME AND RELATIONSHIP TO THE CASE:_____

PLEASE PROVIDE YOUR FEEDBACK. GIVE AS MUCH DETAIL ABOUT YOUR EXPERIENCE AS POSSIBLE:

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