

CHECKLIST FOR APPLICATION FORM

- Be authorized to work in the United States.
- Possess a Hawai'i General Excise Tax ("GET") License. If you do not possess a GET and need to obtain one, please refer to the "Application Form Instructions."
- Read the "Policies for Interpreted Proceedings in the Courts of the State of Hawai'i, Part III."
- Complete the Court Interpreter Certification Program Application Form.
 - Read and follow the Application Form Instructions. Incomplete forms will not be accepted.
 - Attach copies of required supporting documentation including:
 - (1) Diplomas and certificates received;
 - (2) Professional and vocational licenses and professional or technical certificates received;
 - (3) Copies of any credentials to support request for reciprocity, if applicable; and
 - (4) Additional pages necessary to supplement the Application Form.
 - Read and Sign "Section IX: Declaration Under Penalty of Unsworn Falsification to the Authorities." The Application Form will not be accepted without signature.
- APPLICATION FORM **must** be received by OEAC via regular mail or hand-delivery to:

**The Judiciary – State of Hawai'i
Office on Equality and Access to the Courts
426 Queen Street, B17
Honolulu, HI 96813-2914**

For more information, please call: (808) 539-4860, Office on Equality and Access to the Courts.

POLICIES FOR INTERPRETED PROCEEDINGS
IN THE COURTS OF THE STATE OF HAWAII

PART III. CODE OF PROFESSIONAL CONDUCT FOR COURT INTERPRETERS

Rule 1. Court interpreters shall act strictly in the interests of the court they serve.

Rule 2. Court interpreters shall reflect proper court decorum and act with dignity and respect toward the officials and staff of the court and all other participants in the proceeding.

Rule 3. Court interpreters shall avoid professional or personal conduct which could discredit the court.

Rule 4. A court interpreter shall not disclose privileged communications between counsel and client. A court interpreter shall not make statements about the merits of the case during the proceeding. Court interpreters, except upon court order, shall not disclose confidential information about court cases obtained while performing interpreting duties.

Rule 5. A court interpreter shall disclose to the judge and to all parties any actual or apparent conflict of interest. Any condition that may interfere with the objectivity of an interpreter constitutes a conflict of interest. A conflict may exist if the interpreter is acquainted with or related to any witness or party to the action or others significantly involved in the case, or if the interpreter has an interest in the outcome of the case. An interpreter shall not engage in conduct creating the appearance of bias, prejudice, or partiality.

Rule 6. Court interpreters shall work unobtrusively with full awareness of the nature of the proceedings.

Rule 7. Court interpreters shall interpret accurately and faithfully without indicating personal bias and shall avoid even the appearance of partiality.

Rule 8. Court interpreters shall maintain impartiality by avoiding undue contact with witnesses, attorneys, and parties and their families, and by avoiding contact with jurors. This should not limit, however, appropriate contacts necessary to prepare adequately for their assignment.

Rule 9. A court interpreter shall not give legal advice to parties and witnesses, nor recommend specific attorneys or law firms. Court interpreters shall refrain from giving advice of any kind to any party or individual and from expressing personal opinion in a matter before the court.

Rule 10. Court interpreters shall perform to the best of their ability to assure due process for the parties, accurately state their professional qualifications and refuse any assignment for which they are not qualified or under conditions which substantially impair their effectiveness.

A court interpreter's best skills and judgment shall be used to interpret accurately without embellishing, omitting or editing. Court interpreters shall preserve the level of language used, and the ambiguities and nuances of the speaker and the language used. They shall also correct any error of interpretation, and shall request clarification of ambiguous statements or unfamiliar vocabulary and analyze objectively any challenge to their performance. Interpreters shall call to the attention of the court any factors or conditions that adversely affect their ability to perform adequately.

Rule 11. Court interpreters shall accept no remuneration, gifts, gratuities, or valuable consideration in excess of the authorized compensation for the performance of their interpreting duties, and shall avoid conflicts of interest or the appearance thereof.

Rule 12. Court interpreters should support other court interpreters by sharing knowledge and expertise with them to the extent practicable in the interests of the court.

Rule 13. Court interpreters shall not take advantage of knowledge obtained in the performance of duties, or by their access to court records, facilities, or privileges, for their own or another's personal gain.

Rule 14. A court interpreter performing interpretation services in connection with any state court proceeding agrees to be bound by this Code, and understands that appropriate sanctions may be imposed by the court for willful violations.

Rule 15. A court interpreter should, through continuing education, maintain and improve his or her interpreting skills and knowledge of procedures used by the courts. A court interpreter should seek to elevate the standards of performance of the interpreting profession.

Rule 16. Court interpreters should inform the court of any impediment to the observance of this Code or of any act by another in violation of this Code.

HAWAI'I STATE JUDICIARY COURT INTERPRETER CERTIFICATION PROGRAM

Application Form Instructions

IMPORTANT: An illegible, incomplete or unsigned Court Interpreter Certification Program Application Form (“Application Form”) will delay processing.

SECTION I: APPLICANT INFORMATION

General Excise Tax Number

Your General Excise Tax (“GET”) license number must be included in your Application Form. As independent contractors, court interpreters are responsible for filing tax returns and paying all applicable taxes. If you do not have a GET license, you may obtain one through one of the following locations:

Hawai'i Department of Taxation District Offices	
O'ahu:	Maui:
Ke'elikōlani Building 830 Punchbowl Street Honolulu, HI 96813-5094 Telephone: (808) 587-4242 (Select “0”)	State Office Building 54 S. High Street, #208 Wailuku, HI 96793-2198 Telephone: (808) 984-8500
Hawai'i:	Kaua'i:
State Office Building 75 Aupuni Street, #101 Hilo, HI 96720-4245 Telephone: (808) 974-6321	State Office Building 3060 Eiwa Street, #105 Līhu'e, HI 96766-1889 Telephone: (808) 274-3456
Statewide Toll Free No. [O'ahu District Office]: 1-800-222-3229	

Hawai'i Department of Commerce and Consumer Affairs
O'ahu:
Business Action Center, Room A-220 (second level) 1130 North Nimitz Highway, Honolulu, HI 96817 Telephone: (808) 586-2545

Social Security Number

You must include your social security number. Your social security number is mandatory for payment purposes and will be kept confidential, unless release of information is mandated by law.

Permission to Publish

Internal Registry: By returning the completed Application Form, you are giving the Judiciary permission to publish all information contained in your application on the Internal Hawai'i State Judiciary Court Interpreter Registry that is made available to Judiciary staff only.

External Registry: The names and tier designations of interpreters who achieve a tier designation under the Certification Program will be published on the External Hawai'i State Judiciary Court Interpreter Registry that is available to non-judiciary entities and individuals who request referrals for interpreters (e.g., attorneys, civil litigants, Federal

(OVER)

Court, etc.). If you would like the Judiciary to publish your contact information on this external registry, please check the appropriate boxes for “OK to publish.” If boxes are left blank, it is assumed that you do not want that specific information on the external registry and that information will not be released to non-judiciary entities.

SECTION VI. APPLICATION FOR RECIPROCITY

In this section, you may request the Judiciary to waive respective components required under the Hawai'i State Judiciary Court Interpreter Certification Program, based on completion of equivalent components conducted or administered by other private or public entities, including those listed on the Application Form. **Your application for reciprocity will be considered by the Judiciary on a case-by-case basis and requires full documentation of any and all credential(s).**

SECTION IX. DECLARATION UNDER PENALTY OF UNSWORN FALSIFICATION TO AUTHORITIES

Be sure to sign the Application Form. An unsigned Application Form is incomplete and will delay processing.

By signing the Form, you are swearing that:

- All information you provided on the Application Form is true and correct.
- You have read and will abide by the Code of Professional Conduct for Court Interpreters (Part III of the Policies for Interpreted Proceedings).

If either of the above statements is not true, you will be subject to penalty under law and removal from the Registry.

By signing the Form, you are also acknowledging that:

- You are not guaranteed inclusion on the Registry.
- Inclusion on the Registry does not automatically mean that you are endorsed or certified by the Judiciary as a court interpreter.
- You are hired as an independent contractor and not a Judiciary employee.
- You are not entitled to employee benefits such as vacation, sick leave, retirement, workers' compensation or unemployment insurance.
- You are responsible for filing federal and state forms as well as for paying any applicable federal and state taxes.

Please sign and date your Application Form and return it with all relevant documentation by mail or in person to:

**The Judiciary – State of Hawai'i
Office on Equality and Access to the Courts
426 Queen Street, B17
Honolulu, HI 96813-2914**

If you have any questions about the Application Form or process, call the Judiciary's Office on Equality and Access to the Courts, (808) 539-4860.

CERTIFICATION PROGRAM APPLICATION FORM

Name:(last) _____

(first): _____



**THE JUDICIARY -- STATE OF HAWAII'
OFFICE ON EQUALITY AND ACCESS TO THE COURTS
Court Interpreter Certification Program Application Form**

For Internal Use Only:
Date Received: _____
Date Entered: _____

PLEASE READ INSTRUCTIONS CAREFULLY: Please fill out this application form completely and accurately. Please attach additional sheets if necessary. Upon successful completion of all Tier 1 "Registered" Interpreter Designation requirements, the information provided will be included in the Hawai'i State Judiciary Court Interpreter Registry maintained by the Judiciary's Office on Equality and Access to the Courts ("OEAC"). Application forms must be hand-delivered or mailed to OEAC at 426 Queen Street, Room B17, Honolulu, HI 96813. **INCOMPLETE APPLICATIONS WILL DELAY PROCESSING.** Please write N/A in fields where information does not apply. Any change of information to Section I (Applicant Information) must be submitted via signed written document to OEAC. Change of information to other sections must be reported to OEAC at (808) 539-4860 or emailed to OEAC@courts.state.hi.us.

Please TYPE OR PRINT LEGIBLY in blue or black ink. Information on the form MUST BE COMPLETE.

I. APPLICANT INFORMATION

Please list your language(s) and dialect(s). A dialect is a regional variation of a language. If you speak a language that has regional dialects, please list the dialect(s) you speak and understand. An example would be the Filipino Visayan dialects, which include Cebuano, Ilongo, and Waray. Other examples are South American Spanish, Brazilian Portuguese, and Austrian German.

PLEASE STATE THE LANGUAGE(S)/DIALECT(S) THAT YOU INTERPRET IN (MANDATORY FOR REGISTRY):

Social Security Number (Mandatory for Payment):

_____ - _____ - _____

General Excise Tax Number (Mandatory):

Salutation: Mr. Mrs. Ms.

Please Fill in Full Name as it appears on SSN card

Are you authorized to work in the United States?

Yes No

First Name:

Middle Name:

Last Name:

Residence Address (Mandatory for Mileage Reimbursement) Apt. #:

City, State, Zip Code:

Mailing Address (if different than above):

City, State, Zip Code:

Please list your contact information and indicate which one method is the best way to reach you. If you would like the Judiciary to publish/release contact information to non-Judiciary entities and individuals who request a list of registered court interpreters, complete the "OK to Publish" section.

**OK to Publish?
(Please mark one)**

Business Address:

Yes No

Work Phone:

best way to contact

Yes No

Home Phone:

best way to contact

Yes No

Cell Phone:

best way to contact

Yes No

Fax Number:

best way to contact

Yes No

Email Address:

best way to contact

Yes No

In case of an emergency, contact:

Name:

Relationship:

Home No.:

Work No.:

Cell No.:

II. EDUCATION

Please list all schooling completed and **attach copies of all diplomas and certificates received**. If you are unable to provide these supporting documents, please attach a signed, written explanation to your application.

School	Name and Location (City, State, and Country)	Primary Language of Instruction	Major Course of Study	Degree/ Certificate Received (please check)	Month/Year Received
High School				<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
College or University (Undergraduate)				<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Other _____	
College or University (Graduate)				<input type="checkbox"/> Master <input type="checkbox"/> Doctoral <input type="checkbox"/> Other _____	
Other					

III. PROFESSIONAL LICENSES

Please list only professional and vocational licenses, and professional or technical certificates received. **Attach copies.** Examples may include law, medical, or real estate licenses. Do not include non-professional licenses, such as a driver's license.

Type	License / Certificate Number	Major Course of Study	Degree/ Certificate Received (please specify)	Date Received	Expiration Date

IV. RELEVANT WORK / VOLUNTEER EXPERIENCE

Beginning with the most recent, list any employment or volunteer experience that **relates to interpreting and/or translating**.

Employer / Agency / Organization	City / State / Country	Interpreter/Translator Duties	Dates of Service

Please check all settings below that you have interpreted in and please specify the language interpreted in if more than one. If not specified, it will be assumed that it applies to ALL languages that are spoken/signed.

<u>Legal Settings:</u>	<u>Non-legal Settings:</u>
District Court: <input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Traffic Circuit Court: <input type="checkbox"/> Criminal <input type="checkbox"/> Civil Family Court: <input type="checkbox"/> Criminal <input type="checkbox"/> Civil <input type="checkbox"/> Trials <input type="checkbox"/> Prosecutor's Office <input type="checkbox"/> Public Defender's Office <input type="checkbox"/> Administrative Proceedings (e.g., ADLRO) <input type="checkbox"/> U.S. District Court (Federal) <input type="checkbox"/> U.S. Immigration Court <input type="checkbox"/> Private Attorney/Law Office	<input type="checkbox"/> Social Service Agency <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/> Non-Profit or Community Organization <input type="checkbox"/> Elementary / Middle / High School <input type="checkbox"/> College / University <input type="checkbox"/> Hospital / Medical Clinic <input type="checkbox"/> Conference <input type="checkbox"/> Business / Commercial <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

Please check the types of documents that you have translated:

<input type="checkbox"/> Legal / Court documents	<input type="checkbox"/> Hospital / Medical Records	<input type="checkbox"/> Other _____
<input type="checkbox"/> Private industry documents	<input type="checkbox"/> Passports	<input type="checkbox"/> Other _____
<input type="checkbox"/> Immigration Documents	<input type="checkbox"/> Birth Certificates	<input type="checkbox"/> Other _____

V. RELEVANT TRAINING

Please list any formal interpreter/translator training that you have received via **college or university course work**. You may also attach a resume, but a resume is **not** a substitute for completing this section.

Name	Location	Dates	No. of Hours

Please list any formal interpreter/translator **training workshops/conferences** that you have completed/attended.

Name	Location	Dates	No. of Hours

VI. APPLICATION FOR RECIPROCITY

Spoken Language Interpreters

If you are seeking reciprocity for any credentials you have, please complete the following information below as accurately as possible. Please mark the source/agency of the credentials that you have obtained and provide the exam testing location, language, date the credential was received, and whether or not your credential remains current. Please attach copies of any credentials that support your application for reciprocity.

Testing Source/Agency	Location (City and State)	Language	Date Received	Credential Current?
Federal Courts	Fill in written and/or oral exam, immediately below.			
<input type="checkbox"/> Federal Written Exam		English		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Federal Oral Exam				<input type="checkbox"/> Yes <input type="checkbox"/> No
Consortium Member State _____	Fill in 2-day orientation, written, and/or oral exam, immediately below.			
<input type="checkbox"/> 2-Day Orientation		English		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Consortium Written Exam		English		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Consortium Oral Exam				<input type="checkbox"/> Yes <input type="checkbox"/> No
National Association of Judiciary Interpreters and Translators (NAJIT)	Fill in written and/or oral exam, immediately below.			
<input type="checkbox"/> Written Exam		English		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Oral Exam				<input type="checkbox"/> Yes <input type="checkbox"/> No
United States State Department Exam	Fill in for conference or seminar designation, immediately below.			
<input type="checkbox"/> Conference designation				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Seminar designation				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> LionBridge Oral Exam				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other _____				<input type="checkbox"/> Yes <input type="checkbox"/> No

Sign Language Interpreters

If you are seeking reciprocity for any credentials you have, please complete the following information below as accurately as possible. Please check the exam(s) and level(s) (where applicable) for which you have received certification. Please attach copies of any credentials that support your application for reciprocity.

RID	NAD	HQAS	NAD-RID
<input type="checkbox"/> Passed Written Test <input type="checkbox"/> CI <input type="checkbox"/> SC:L <input type="checkbox"/> CT <input type="checkbox"/> Other <input type="checkbox"/> CSC <input type="checkbox"/> CDI <input type="checkbox"/> RSC	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> Level V	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> Level V <input type="checkbox"/> + H Credential	<input type="checkbox"/> Passed NIC Written Test <input type="checkbox"/> NIC (Certified) <input type="checkbox"/> NIC Advanced <input type="checkbox"/> NIC Master

VII. MASTERY OF LANGUAGES

Language (please specify all languages)	No. of years the specified language has been spoken/signed	No. of years lived in the country where the specified language was the native language
Example: Chuukese	45	25
English		
American Sign Language		N/A

VIII. CONVICTIONS FOR A VIOLATION OF LAW, DISMISSALS FROM EMPLOYMENT, SEPARATION FROM MILITARY SERVICE

The information requested below is needed to determine suitability for inclusion in the certification program, pursuant to court rule, and may **not** automatically disqualify you from the certification program.

Have you been convicted, dismissed from employment, or dishonorably separated from military service? Yes No

Conviction for a Violation of Law.

Date of Conviction	Type of Violation	Name of Court	City, State, and Country

Dismissal from Employment

Date of Termination	Employer/Address	Reason for Dismissal

Separation from Military Service

Date of Separation	Branch of Service	Reason for Separation

IX. DECLARATION UNDER PENALTY OF UNSWORN FALSIFICATION TO THE AUTHORITIES (HRS §710-1063)

I declare under penalty of unsworn falsification to authorities under Hawai'i Revised Statutes ("HRS") §710-1063 that: (1) the information provided to the Judiciary in this application form is true and correct, and (2) I have read and will abide by the Code of Professional Conduct for Court Interpreters, Part III of the Policies for Interpreted Proceedings in the Courts of the State of Hawai'i adopted by Order on June 22, 1995. If this application form contains any misrepresentations, I understand that I will be subject to penalty under law and removal from the Hawai'i State Judiciary Court Interpreter Registry.

I also understand that: (1) completion of this application form does not ensure my inclusion in the Hawai'i State Judiciary Court Interpreter Registry; (2) neither the inclusion of my name in the Hawai'i State Judiciary Court Interpreter Registry nor my work as a court interpreter constitutes an endorsement or certification by the Judiciary; (3) neither inclusion of my name in the Hawai'i State Judiciary Court Interpreter Registry nor my work as a court interpreter constitutes any employment contract with the Judiciary, my capacity being strictly that of an independent contractor, and the Judiciary is free to use the services of other court interpreters; (4) I am not entitled to claim or receive from the Judiciary any vacation, sick leave, retirement, workers' compensation, unemployment insurance, or other benefits provided to other Judiciary employees; and (5) I am responsible for filing any required federal or state forms and/or paying any applicable taxes or fees.

Signature: _____ Date: _____