



Waiver of Services of Interpreter

I, _____ (*Client's name*) have been told of my right to have free interpretation services from _____ (*service provider*). I understand that I am entitled to these services at no cost to me or my family.

I am choosing to provide my own interpreter at this time. The name of my interpreter is _____ . To the best of my knowledge, this person is 18 years old or over. This person will provide services to me beginning on _____ (*start date*) through _____ (*end date*).

I understand that I can end ("revoke") this waiver at any time and be able to use the services of an interpreter at no cost.

I also understand that this waiver does not give permission for any interpreter to act as my authorized representative.

This form was translated for me and I understand it.

Client Signature _____ **Date** _____

Interpreter's Signature _____ **Date** _____

Service Provider's _____ **Date** _____
Signature

This section for future use

I choose to end (revoke) this waiver.

Signature _____ Date _____

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