



The Family Centre

**THE FAMILY CENTRE'S CENTRALIZED INTERPRETER SERVICES**  
BOOKING/INVOICE FORM  
PH: 780-448-2627 FAX: 780-426-4918

CIS has a 95% success rate in arranging interpretations. CIS is committed to quality and will do its best to arrange interpretations, but all interpretations are subject to language availability and time constraints. Incomplete forms require more time to process, so please fill out all of the appropriate sections.

**STEP 1: To be completed by staff REQUESTING an Interpreter – MUST be FAXED to CIS at 780-426-4918**

<b>Name of Staff (last, first) making request:</b> _____ Program/Unit: _____ Phone: _____ Fax: _____ Pager: _____ Company/Organization _____ <b>Billing Address:</b> _____	<b>Name of Client (last, first):</b> _____ Age: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Phone: _____ Country of Origin: _____ Are you certain of language/dialect required? <input type="checkbox"/> Yes <input type="checkbox"/> No Print required language/dialect: _____
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**Reason for Interpretation (i.e. family conference, teaching/testing, etc.):**  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Type of Interpretation Required:</b> <input type="checkbox"/> In Person <input type="checkbox"/> Message Relay <input type="checkbox"/> Telephone	<b>Estimated Duration of Service:</b> Hours: _____ Minutes: _____	<b>Interpretation needs to occur:</b> <input type="checkbox"/> Within 24 hours <input type="checkbox"/> NOT within 24 hours	<b>Interpretation needs to occur:</b> <input type="checkbox"/> During the Weekday <input type="checkbox"/> In the Evening or Weekend
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<b>Date of the request:</b> _____	<b>Date Interpreter required:</b> _____	<b>Time Interpreter required:</b> _____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	<b>Location:</b> _____ _____
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**OPTIONAL:** Are there any other criteria important to this Interpretation? If yes, please complete the following section.

Gender of Interpreter:  Male  Female Other Comments (training, religion, etc.)? \_\_\_\_\_

Should the Interpreter contact you prior to the assignment?  Yes  No

Is this a follow-up visit?  Yes  No Interpreter who has agreed to follow-up: \_\_\_\_\_

Do you/the client prefer a certain interpreter?  Yes  No If "Yes", print name: \_\_\_\_\_

**STEP 2: To be completed by staff AFTER the Interpretation – MUST be FAXED to CIS at 780-426-4918**

<b>Date:</b> _____	<b>Type and Duration of Interpretation:</b> <input type="checkbox"/> In Person Hrs: _____ Mins: _____ <input type="checkbox"/> Telephone Hrs: _____ Mins: _____ <input type="checkbox"/> Message Relay How many? _____	<b>Name of Interpreter:</b> _____	<b>CIS Case # (if known)</b> _____
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Signature of Staff: \_\_\_\_\_ Signature of Interpreter: \_\_\_\_\_

How would you rate the interpretation?  Excellent  Very Good  Good  Satisfactory  Not Satisfactory

Comments/suggestions: \_\_\_\_\_

**Thank you for using the The Family Centre.**