



CNMI DEPARTMENT OF LABOR

ADMINISTRATIVE HEARING OFFICE

1357 Mednilla Ave., Capitol Hill, PO Box 10000, Saipan MP, 96950 (670) 664-3291/2 hearing@dol.gov.mp www.marianaslabor.net

INTERPRETER CERTIFYING STATEMENT

1. I, _____ understand and agree to uphold the NMI Interpreter and Translator Code of Conduct, as well as any other rules and instructions provided by the Administrative Hearing Office(r). To the best of my ability, I agree to interpret the proceedings accurately and completely, without assuming or inferring any facts or changing the original meaning for the following:

Case Name: _____ Case #: _____
Hearing Date(s): _____

2. Do you have any conflicts in this case?

- I have no known conflicts of interests with the parties or issues in this case.
- I am able to remain impartial but would like to disclose: _____

I am unable to remain impartial due to a close relationship with one or more of the parties, prior knowledge or bias with a material issue in the complaint, or some other conflict of interest.

3. Language Skills (Please rate your fluency in each language/dialect on a scale of 1-10).

Language or Dialect	Speaking	Reading	Writing
English			

4. Training and/or Experience

- I have been a certified interpreter/translator with the CNMI Judiciary since _____.
- I have served as an interpreter/translator in other CNMI offices approx. _____ times.
- I have served as an interpreter/translator in other legal proceedings approx. _____ times.
- Other: _____.

I certify that the information provided with the form is true and complete under penalty of perjury.

Signature

Date