

Consortium Test Reciprocity
California Court Interpreter Eligibility Verification

ELIGIBILITY VERIFICATION FORM

Please complete the following and return to courtinterpreters@jud.ca.gov

Date of Request (today's date):

Interpreter Full Name (as it appeared on your exam):

Interpreter Email Address:

Interpreter Mailing Address:

Consortium ID Number:

Oral Exam Language:

Date of Oral Exam:

Location of Exam (Name of state):

FOR CONSORTIUM USE ONLY

☐ **Yes,** **passed all sections of the oral exam with 70% or higher in all sections.**

English-Foreign Language Sight % ; Foreign Language-English Sight % ; Consecutive
% ; Simultaneous % ; English Proficiency (if applicable) % .

☐ **Yes,** **passed all portions of the oral exam at the same testing event.**

Date of Exam:

☐ **Yes,** **passed all portion of the oral exam in one state.**

Name of member state: