

**ነፃ የአስተርጓሚ አገልግሎቶችን የመተው ቅጽ**

እኔ፣ \_\_\_\_\_ የ2004 ዓ.ም የዲ.ሲ. የቋንቋ አቅርቦት አዋጅ መሠረት የሰለጠነና ባለሞያዊ  
<insert Constituent's Name here>

የሆነ አስተርጓሚ ከኔ ምንም ዋጋ ሳልከፍልበት የማግኘት ሙብት እንዳለኝ \_\_\_\_\_  
<insert Agency Name here>

ማሳወቁን አረጋግጣለሁ።

እኔ ይህንን አገልግሎት እምቢ ብዬ እኔ እራሴ ለይቼ ባወቅኩት በአንድ ዕርዳታ አስተርጓሚ እንደምመካ ከዚህ በታች በመፈረም  
አስማማለሁ።

ይህ ግለሰብ በ \_\_\_\_\_ ያልታወቀ ወይም ያልተገመገመ እንደሆነና  
<insert Agency Name here>

\_\_\_\_\_ ይህንን አገልግሎት ለመስጠትም  
ሆነ ከዚህ  
<insert Agency Name here>

አገልግሎቶች የተነሳ ለሚደርስ ለማንኛውም ነገር ተጠያቂ እንዳይደለ እኔ አውቃለሁ ።

እኔ ይህንን የምተወው ለዚህ ለአንድ ጊዜ ብቻ መሆኑንም ደግሞ አውቃለሁ። እኔ ወደፊት  
ከ \_\_\_\_\_  
<insert Agency Name here>

የአስተርጓሚ ዕርዳታ ብፈልግ፤ ይህንን አገልግሎት ለመጠየቅ ድርጅቱን በቀጥታ እንድምገናኝ አሳውቃለሁ።

\_\_\_\_\_ ስም

\_\_\_\_\_ ፊርማ \_\_\_\_\_ ቀን

**OFFER OF FREE INTERPRETER SERVICES WAIVER FORM**

I, \_\_\_\_\_, acknowledge that \_\_\_\_\_ has notified me of my right to a professional and trained interpreter as required by the D.C. Language Access Act of 2004 at no cost to me. By signing below I agree that I have refused this service and opted to rely on interpreter assistance by someone I have identified. I am aware that this individual was not identified by or vetted through \_\_\_\_\_ and that \_\_\_\_\_ is neither responsible for the provision of these services nor does not incur any liability that may result from these services. I am also aware that this waiver only applies to this one instance. If I require interpreter assistance from \_\_\_\_\_ in the future, I will notify the agency directly to request this service.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature  
D.C. Office of Human Rights  
Language Access Program  
§ 1205.18 of Chapter 12, IV DCMR

\_\_\_\_\_ Date