

United States Trustee Program Limited English Proficiency (LEP) Interpreter Usage Report*

* Please complete for all §341(a) meetings requiring the services of an interpreter on behalf of the debtor.

-- Please print clearly --

Trustee/Staff Name Kathleen Leavitt	Date
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Case Information	
Debtor Name(s)	Case Number
Chapter: <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13	
<input type="checkbox"/> Pro Se <input type="checkbox"/> Represented by Counsel	Name of Debtor's Counsel (if applicable)

Language Services	
Language Requested	Address where language assistance was provided
Language Assistance was provided to (check one) <input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtors	Office of the United States Trustee, Region 17 300 Las Vegas Blvd., South Las Vegas, NV 89101
Oral interpretation service used (check one):	
<input checked="" type="checkbox"/> Telephone Interpreter Service	Name of Interpreter: ▶
<input type="checkbox"/> "In-person" professional interpreter	Name/Contact Information
<input type="checkbox"/> Other _____	Name/Contact Information
▶	Length of service provided (approx.) Time: Hours: _____ Minutes: _____

Name and title of person, if other than the trustee, who initiated the call to the telephone interpreter or arranged for in-person interpreter or other language assistance:

Issues/Concerns:

- Unable to find interpreter who speaks the LEP person's language
- Length of time required to connect to an available interpreter
- Dissatisfied with interpreter/translator (explain): _____
- Other: _____