



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Child Support Enforcement Division

Interpreter Authorization



| Ι, | | | | | , |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------|-----------|---------------------------|-------------------|
| | Type or print your name | | | Family group number (FGN) | |
| | | | | | |
| Addı | ress | City | St | ate | Zip |
| here | eby appoint and consent to | | | | serving as my |
| Name of your interpreter (Print) | | | | | |
| interpreter to the extent authorized by the Child Support Enforcement Division (CSED) and the Office of Administrative Hearings: Child Support (OAH). | | | | | |
| | uthorize the above named | • | translate | confidential | information being |
| ☐ I am not able to understand English. My primary language is | | | | | |
| or . , , , , , , , , , , , , , , , , , , | | | | | |
| | | | | | |
| I am hearing impaired and cannot communicate orally in English. | | | | | |
| I understand that this authorization does not allow my interpreter to: | | | | | |
| receive documents on my behalf; negotiate, compromise, or settle my child support case; or act as my authorized representative in an administrative hearing. | | | | | |
| I agree to hold CSED and Oklahoma Department of Human Services (OKDHS) harmless for any inaccuracies or unauthorized release of confidential information by the above-named interpreter. | | | | | |
| | Customer's sig | gnature | | Date | |
| I agree to make a true and complete translation of all communications made during the interpretive process to the best of my knowledge and belief. [12 O.S. § 2604] I understand that the information I interpret is confidential and may not be released unless authorized by federal or state law or rules. [56 O.S. § 183; OAC 340:25-5-67] | | | | | |
| | Interpreter's sig | <u> </u> | | Date | |
| | | g. 10.10.1 0 | | 24.3 | |
| Inte | rpreter's address | City | Si | tate | Zip |
| | | | | | |

Purpose of Form

Form 03MP003E, Interpreter Authorization, may be used by a Child Support Enforcement Division (CSED) customer (custodial person, biological parent, or noncustodial parent) to designate an individual to act as an interpreter on his or her behalf. The customer must pay for any costs incurred for an authorized interpreter. Form 03MP003E may be used for all designated interpreters other than an Oklahoma Department of Human Services (OKDHS) employee or contracted interpreter. Examples of when the interpreter is used include phone calls, unscheduled or scheduled meetings, and administrative hearings. In hearings held by the Office of Administrative Hearings: Child Support (OAH), Administrative Law Judges may administer an oath to an interpreter instead of permitting the use of Form 03MP003E.

Limitations of authorization. Form 03MP003E does not authorize the interpreter to receive documents on the customer's behalf, to negotiate, compromise, or settle the child support case, or to act as the authorized representative for the customer in an administrative hearing. Form 03EN010E, Special Power of Attorney, must be completed for those purposes. A designated interpreter must at least 18 years of age and cannot be a child or other case participant in the case. A separate form must be completed for each interpreter designated by the customer. An individual may not serve as an interpreter when there is a conflict of interest. For example, a noncustodial parent may not designate a custodial parent as an interpreter.

Instructions for Preparation of Form

Enter the name of the custodial person, biological parent, or noncustodial parent who is authorizing the interpreter.

Enter the Oklahoma Child Support Enforcement case number, also known as the Family group number (FGN).

Enter the custodial person, biological parent, or noncustodial parent's mailing address including street address or a post office box number with city, state, and zip code.

Enter the name of the interpreter authorized by the custodial person, biological parent, or noncustodial parent.

Sign and date the form.

Obtain the interpreter's signature and date of signature.

Enter the interpreter's address, including street address or a post office box number with city, state, and zip code.

Routing of Form

The customer keeps a copy of the form for his or her records. The original completed and signed form must be returned to the local child support office before CSED will discuss confidential information about the case with the designated interpreter. CSED staff file the original form in the back inside of the case folder.