



Judge or Division:	Case Number:

(Date File Stamp)

Waiver of Right to Auxiliary Aids / Interpretive Services/Translator Services by the Hearing Impaired or Limited English Proficiency (LEP) Person

Pursuant to section 476.760.3, RSMo, I knowingly and voluntarily waive the right to auxiliary aids and services, which are available under the provisions of section 476.750(2), RSMo.

Date

Person Waiving Right

Counsel to the Hearing Impaired Person (if any)

Designated Responsible Authority
(if no counsel is used)

Pursuant to section 476.803, RSMo, I knowingly, intelligently and voluntarily waive the right to a qualified interpreter or translator. I have been advised of the consequences of this decision and understand I can retract this waiver at anytime and a qualified interpreter shall be appointed for me.

Date

Person Waiving Right

Counsel to the Limited English Proficiency
Person (if any)