



IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_ COUNTY, MISSOURI

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)