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	Date
Kathleen Leavitt	

Case Information

Debtor Name(s)	Case Number
	Chapter: □ 7 □ 11 □ 12 ■ 13

☐ Pro Se ☐ Represented by Counsel	Name of Debtor's Counsel *(if applicable)*

Language Services

Language Requested	Address where language assistance was provided
	Office of the United States Trustee, Region 17 300 Las Vegas Blvd., South Las Vegas, NV 89101
Language Assistance was provided to *(check one)* □ Debtor □ Co-Debtors	

Oral interpretation service used *(check one):*

■ Telephone Interpreter Service	Name of Interpreter ▶	Interpreter Number ▶
☐ "In-person" professional interpreter	Name/Contact Information	
☐ Other _____	Name/Contact Information	

▶	Length of service provided *(approx.)*	Time: Hours: _____ Minutes: _____

Name and title of person, if other that 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: _____