

放弃接受免费口译服务书

我, \_\_\_\_\_, 承认 \_\_\_\_\_ 已通知我, 根据2004年D.C  
<insert Constituent's Name here> <insert Agency Name here>

华盛顿特区语言权力法案 (D.C. Language Access Act of 2004) 的规定, 我有权免费获得一名专业且训练有素的口译员的服务。通过在下面签名, 我同意拒绝接受这一服务, 并选择使用由本人认定的人员所提供的口译服务。我明白该人员未经过 \_\_\_\_\_ 鉴定或审查, 且 \_\_\_\_\_ 不负责提供该人员口译服  
<insert Agency Name here> <insert Agency Name here>

务, 亦不承担可能由该人员提供之口译服务而引起的任何责任。我亦明白本放弃书仅适用本次之情况。若我今后需要 \_\_\_\_\_ 提供口译帮助, 我将直接与  
<insert Agency Name here>

其联系要求该服务。

\_\_\_\_\_  
工整书写姓名

\_\_\_\_\_  
签名

\_\_\_\_\_  
日期

**OFFER OF FREE INTERPRETER SERVICES WAIVER FORM**

I, \_\_\_\_\_, acknowledge that \_\_\_\_\_ has notified me of my right to a professional and trained interpreter as required by the D.C. Language Access Act of 2004 at no cost to me. By signing below I agree that I have refused this service and opted to rely on interpreter assistance by someone I have identified. I am aware that this individual was not identified by or vetted through \_\_\_\_\_ and that \_\_\_\_\_ is neither responsible for the provision of these services nor does not incur any liability that may result from these services. I am also aware that this waiver only applies to this one instance. If I require interpreter assistance from \_\_\_\_\_ in the future, I will notify the agency directly to request this service.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date