

## WAIVER OF INTERPRETER SERVICES

CLIENT NAME: \_\_\_\_\_

CLIENT SOCIAL SECURITY NUMBER: \_\_\_\_\_

INTERPRETER NAME(S): \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, understand that under federal law, I have the right to have a qualified interpreter provided to me free-of-charge by the NORTH CAROLINA DEPARTMENT OF COMMERCE, DIVISION OF EMPLOYMENT SECURITY (DES) or DIVISION OF WORKFORCE SOLUTIONS (DWS) to explain to me, in my native language, information concerning my claim for unemployment insurance through DES and/or my efforts to obtain employment through DWS. I acknowledge that DES and/or DWS explained this right to me in my native language.

I understand that DES and/or DWS provides this service free-of-charge for its limited English and non-English speaking clients. I understand that this service may be provided to me by using an in-person qualified interpreter and/or by speaking to a qualified interpreter over the telephone or through another device.

DES and/or DWS has encouraged me to use the services of a qualified interpreter provided by DES and/or DWS. I acknowledge that DES and/or DWS explained to me in my native language the importance of having unemployment claims and employment services information explained to me by a qualified interpreter in my native language so that I can understand my legal rights and fully and knowingly participate in all matters about my claim for unemployment benefits and/or search for employment.

I acknowledge that the staff(s) of DES and/or DWS discussed with me the risks of using friends or family members as my interpreters. These risks, as explained to me by DES and/or DWS, include but are not limited to the following:

- Family members or friends may not have the bilingual language skills and technical vocabulary required to interpret information completely and accurately concerning my claim for unemployment benefits and/or search for employment;
- Family members or friends may not feel bound to uphold the same standards of privacy, confidentiality, ethics, and linguistic accountability as a professional, qualified interpreter; and,
- Issues may arise concerning my claim that may be sensitive and/or difficult to discuss with me through a family member or friend.

However, I have freely, voluntarily, and knowingly decided to use a friend and/or a family member as interpreters concerning information about my claim for unemployment benefits and/or search

for employment. I freely, voluntarily, and knowingly decline the interpreter services that DES and/or DWS has offered to provide for me.

I fully understand the risks of using my friends and family members as my interpreters. I freely, voluntarily, and knowingly agree to assume these risks.

I understand that by using friends or family members as my interpreters, confidential information will be disclosed to those friends or family members and I agree that this disclosure can be made.

I understand that by using a friend or family member as my interpreter, my claim and/or search for employment may be delayed if she/he is not present when needed.

I understand that this waiver does not give permission for any interpreter to act as my authorized legal representative.

I understand that at any time, I can change my mind and ask a staff member of DES and/or DWS for an interpreter to be provided by DES and/or DWS.

I understand that DES and/or DWS may secure a qualified or certified interpreter to observe the interpreter of my choice during the interpreting session to ensure the accuracy of the matter being interpreted.

I have read the above and received a copy.

\_\_\_\_\_  
Client's Signature Date

\_\_\_\_\_  
Client's Name (PLEASE PRINT)

\_\_\_\_\_  
Witness's Signature Date

\_\_\_\_\_  
Witness's Name (PLEASE PRINT) Date

This form was sight translated for the client in \_\_\_\_\_ (Language Used) by \_\_\_\_\_ (Name of Qualified Interpreter).