Revised March 2010

United States Trustee Program
Limited English Proficiency (LEP)
Interpreter Usage Report

Trustee Name: _____ **Chapter:** ☐ ☐ ☐ ☐ ☐ *(Check One)*

Meeting Location _____ **Date:** _____

Please complete the following information each time an interpreter is utilized at a section 341 meeting on the date noted above.

Debtor's Name	Case #	Counsel's Name *(or indicate if Pro Se)*	Language Requested	Interpreter's Name*	Interpreter's ID # *(for in-person Contact*	Call Length (hh:mm)	Complaint Code

* *Interpreter must provide, at a minimum, his/her first name.*

Complaint Codes:

- **1:** Unable to find interpreter who speaks the debtor's language.
- **2:** Length of time required to connect to an available interpreter.
- **3:** Dissatisfied with interpreter/translator.
- **4:** Other (*Explain*): _____