

***** CONTRACT COURT INTERPRETER ATTENDANCE RECORD AND INVOICE *****

DATE MM/DD/YY	BILLABLE SERVICE TIME				AMOUNT CLAIMED	LANGUAGE <small>PLEASE INDICATE LANGUAGE BELOW</small>	FOR OFFICE USE ONLY			
	Arrived at Interpreters Office		Departed from Interpreters Office				VERIFIED BY	DATE	CHECKED BY	DATE
		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Certified <input type="checkbox"/> PQ <input type="checkbox"/> LS				
IF BILLING AT OTHER THAN HALF DAY OR FULL DAY: HOURLY RATE \$						MINIMUM:				

Posted Case Start Time	CASE/DEFENDANT NUMBER <small>XX-CR-XXXX-X</small>	NAME OF DEFENDANT OR PARTY USING INTERPRETER <small>FIRST MIDDLE LAST-LAST</small>	TYPE OF EVENT	REQUESTOR <small>1. Judge 2. USPO/USPTSO/Attorney</small>	INTERP. USED YES/NO	Courtroom Arrival Time	Courtroom Departure Time
				1. 2.			
NOTES & NEXT DATE (IF AVAIL.):					If No, describe why:		
				1. 2.			
NOTES & NEXT DATE (IF AVAIL.):					If No, describe why:		
				1. 2.			
NOTES & NEXT DATE (IF AVAIL.):					If No, describe why:		
				1. 2.			
NOTES & NEXT DATE (IF AVAIL.):					If No, describe why:		

<small>FOR OFFICE USE ONLY</small>	<p><i>"I hereby certify that I personally rendered the services described herein for payment requested, that said services were rendered in accordance with the Contract for Court Interpreter Services, and that no other federal court unit, federal public defender, community defender organization, or other attorneys or entities obtaining interpreting services under the Criminal Justice Act or the related statutes, or the Defender Services appropriation, or any other federal agency or entity has been or will be billed for the same period of service, cancellation or travel expenses for any services rendered during the same half or full-day, other period of service, or time covered by a cancellation fee or travel expense reimbursement for which I am being compensated pursuant to the contract." 7.1</i></p>
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Interpreter Name:		<u>Billing Address (Optional)</u>		
Street Address:				
Tel./Fax:			Contract Interpreter's Signature	
Taxpayer ID:	On File			Date