CONTRACT COURT INTERPRETER ATTENDANCE RECORD AND INVOICE

DAT	ГЕ	BILLABLE SERVICE TIM			E AMO		UNT		LANGUAGE PLEASE INDICATE LANGUAGE BELOW		FOR OFFICE USE ONLY			
MM/DD/YY		Arrived at Interpreters Office		Departed from Interpreters Office		CLAIN					VERIFIED BY	DATE	RECEIVED BY	DATE
		□AM □PM		□AM □PM			□ Certi	□ Certified □ PQ □ LS						
IF BILLING AT OTHER THAN HALF DAY OR FULL DAY: HOURLY RAT						E \$ MINIMUM:					,			
Posted Case Start Time	NIMBER		NAME OF DEFENDANT O INTERPRET FIRST MIDDLE LA		ER	ER TYPE		OF EVENT	EVENT REQUESTOR 1. Judge 2. USPO/USPTSO/Attorney 1.		INTERP. USED Courtroon YES/NO Arrival Tin			
									2.					
NOTES & NEXT DATE (IF AVAIL.):							1.	If N	o, describe wh	y:	•			
									1. 2.					
NOTES & NEXT DATE (IF AVAIL.):							If No, describe why:			y:				
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NOTES & NEXT DATE (IF AVAIL.):			2.			If No, describe why:								
NOTES & I	LAI DA	IE (IF AVAI	L.,.						1.	11 10	o, describe wi	y.		
									2.					
NOTES & NEXT DATE (IF AVAIL.): FOR OFFICE # hereby cartify that I personally randored the sonical described herein for payment requested, that said sonical wave randored in proceedance with the Control								•	.1					
FOR OFFICE USE ONLY If 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														
Interprete	or				D'III		D					<u> </u>		
Name:	.1				Billing Address (Optional)									
Street														
Address:														
Tel./Fax:														
Taxpayer II	D: On	File							Contract Interpreter	r's S	Signature	l -	<u> </u>	
1	J												Date	

FILL-ABLE FORM ILND Interpreters Office April 2025

TRIAL CONTRACT COURT INTERPRETER ATTENDANCE RECORD AND INVOICE

Interpreter:			Case Data		FOR OFFICE USE ONLY			
Language:		Certified PQ LS	Judge:		RECEIVED:			
Street Address:			Case Number:		DATE:			
			Defendant:		VERIFIED:			
Telephone:			Event Type:		DATE:			
				1				
DATE	DOCTED CACE CTART TIME	COLIFERCOM APPINAL TIME	COURTROOM DEPARTURE TIME	INTERP. USED	AMOUNT OF AIMED			
DATE	POSTED CASE START TIME	COURTROOM ARRIVAL TIME	COURTROOM DEPARTURE TIME	YES/NO	AMOUNT CLAIMED			
Notes:								
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Notes:								
Notes:								
Notes:								
Notes:								
Interpreter's Cer								
	nat I personally rendered the service t Interpreter Services, and that no o		Total Amount:					
	es obtaining interpreting services u							
	ncy or entity has been or will be bille ull-day, other period of service, or ti							
compensated pursuant to the contract."								
Contract Ir	nterpreter's Signature	•	Date	•				