



Snohomish County District Court Interpreter Service Invoice Instruction Sheet

Interpreter Name/Agency Name – Please indicate your name as the interpreter providing the service on this line. If you work for a specific interpreter agency list the agency name on this line, as well. Whenever an Agency Name is listed on this line payment will be sent to the agency.

Address, phone and fax number – Please list a billing address, phone and fax number.

Date of Service – Required for payment of invoice.

Location – Please indicate the Division of the District Court or office (Office of Public Defense, jail) you provided interpreting service.

Requesting Party – Please indicate which office scheduled your appearance (e.g. Court Public Defender, Prosecuting Attorney.)

Case No. – Please indicate the case number for which you provided the interpreter service. Please indicate “multiple” if you provided interpreter services for several cases.

Job # – Please indicate IWA job number.

Hearing Type – Indicate the type of hearing you provided service for (e.g., contested, mitigation, pre-trial, jury trial, motion, etc.)

Time – Enter beginning and ending time as well as the hourly rate as agreed upon by the interpreter and the court at the time this appointment was booked.

Total – To be completed by court staff using began and end times as the reference. Clerks will round up to the next ½ hour.

Clerk’s Signature – Clerk’s signature is required here for payment of invoice.

***Miles Driven** – Please indicate number of miles driven from original address to appointment or court destination.

***Travel: (Time)** – If travel from the “original address” to the “appointment or court destination” was 30 minutes and 16+ miles you may claim travel time at \$25.00 per hour. Please enter **both** the time traveled here in 10 minute increments **plus** the miles driven. Travel time will be paid only when traveling time is ½ hour or more. Failure to enter both miles driven and time may result in the invoice be being returned to the interpreter for completion.

Total Billed: Please enter the total amount billed for travel here.

Map Quest Readout: Please attach a map quest readout showing the miles traveled from the original address to the court destination. Invoices submitted without a map quest readout may be returned to the interpreter/agency.