

INTERPRETER INVOICE SNOHOMISH COUNTY COURTS

District: <input type="checkbox"/> Everett <input type="checkbox"/> Evergreen <input type="checkbox"/> South <input type="checkbox"/> Cascade	SUPERIOR: <input type="checkbox"/> Courthouse <input type="checkbox"/> Denney <input type="checkbox"/> Other
Municipal Court: <input type="checkbox"/> Edmonds <input type="checkbox"/> Everett <input type="checkbox"/> Lynnwood <input type="checkbox"/> Marysville	

Interpreter Name/Agency Name: _____ Language: _____ Date of Service: _____

Address: _____ Phone: _____ FAX: _____

Washington Court Certified Yes No Washington Court Registered Yes No In-Court Qualified Yes No
 Federal/Oregon Certified Yes No

This invoice must be signed by a court clerk/official and submitted to the court on the day of service. All information must be supplied or this invoice may NOT be honored or paid.

Location (Division/Court)	Requesting Party	Case Number	Job #	Hearing Type	Time Half-Hour increments		Total (Completed By court staff)	Clerk's Signature
					Began	Ended		

Claimant Certification: *I hereby certify that under penalty of perjury that this is a true and correct claim for interpreter services provided by me on behalf of the Court and no payment have been received by me on account thereof.*

Signature: _____ Printed Name: _____ Date: _____

Travel Documentation: See back for Form

Purposes of this Form include facilitating the court's eligibility under the Washington State Administrative Office of the Courts (AOC) Interpreter Services Funding Program by:

1. Compiling data required by the AOC for interpreter services reimbursement.
2. Establishing pay rates that are in conformance with the AOC Payment Structure.

Travel Payment Defined: Travel from origin to appointment, **0-15** miles, will be paid mileage. Travel from origin to appointment, 16+ miles, will be paid either mileage or time, but not both. When travel time is paid it will be at ½ the hourly rate of pay in ½ hour increments. Travel time will be paid only when traveling time is ½ hour or more. Travel is only paid from point of origin to appointment. Exception: When the interpreter’s next appointment is for the district court travel will be paid between appointments.

TRAVEL TIME REIMBURSEMENT:

Original Address: _____

Court Destination: _____

Secondary Court Destination: _____

TRAVEL			
MILES Driven	TIME (10 minute increments)	TOTAL TIME (10 minutes increments)	TOTAL BILLED

Map Quest Mileage Readout attached Yes No

COMMENTS: _____

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