

**INTERPRETER'S REPORT OF SERVICES AND
CLAIM FOR COMPENSATION AND EXPENSES**

Clerk, US District Court Eastern District of Wisconsin 517 E. Wisconsin Ave. Rm. 362 Milwaukee, WI 53202	Interpreter Information:	
	Name:	
	Street:	
	City/State/Zip:	
SSN/TIN:		

Case Information:	
Case Title:	US v.
Case Number:	

Location Where Service Provided:

Service Provided for (Please Check One):	Accounting Codes:
<input type="checkbox"/> US District Court	FY 092000 DXXBBCX D07WIEJ 2523
<input type="checkbox"/> US Probation Office	FY 092000 PXXBBCX D07WIEP 2523

CURRENT RATES / ATTENDANCE FEES (Please Check One):	
<input type="checkbox"/> Federally Certified/Professionally Qualified	Full Day: \$418 Half Day: \$226 OT: \$59 per hour
<input type="checkbox"/> Language Skilled/Non-Certified	Full Day: \$202 Half Day: \$111 OT: \$35 per hour

LANGUAGE: _____

Date of Service:	Start Time:	End Time:	Attendance Fee:	Mileage:	Parking:	Other Expenses:	TOTAL
TOTAL:							

Certification:
 I hereby certify that I rendered the services described herein, that said services were rendered in accordance with the Contract Court Interpreter Services Terms and Conditions; and that no other federal court unit, Federal Defender, Community Defender Organization, or other attorneys or entities obtaining interpreting services under the CJA Act or the Defender Services appropriation has been or will be billed for the same period of service, cancellation fee or travel expenses.

Date: _____ (Interpreter's Signature)

Approved (Court Use Only):
 Date: _____ (US District Court / US Probation Office Signature)