

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN

CONTRACT COURT INTERPRETER INVOICE

Payee Information:

Name: _____

Company Name (if applicable): _____

Address: _____

Interpreter Certification:

I hereby certify that I have following qualification (check one):

☐ **Federally Certified** (Full day: \$566; Half day: \$320; Overtime \$80/hour)

☐ **Professionally Qualified** (Full day: \$495; Half day: \$280; Overtime \$70/ hour)

☐ **Language Skilled** (Full day: \$350 Half day: \$190; Overtime \$44/ hour)

Language: _____

Type of Proceeding:

Description/Case Number: _____

Location: _____

Date of Service: _____

Start Time: _____ End Time: _____

(Start and end time should include travel time)

For: _____ District Court _____ Probation Office

Claim for Compensation:

☐ Half- Day (Up to 4 hrs) - or - ☐ Full Day (4+ to 8 hrs) Total _____

☐ Overtime (8+ hrs, excluding meal period) _____ hrs (or part thereof) x \$ _____ Total _____

Travel Expenses:

of Miles _____ x .655/mile Total _____

Parking _____ Tolls _____ Total _____

Other Expenses _____ Total _____

(Itemize and attach receipts if over \$50)

Grand Total _____

I hereby certify that I personally rendered the services described herein for payment requested, that said services were rendered in accordance with the Contract Court Interpreter Services Terms and Conditions, and that no other federal court unit, federal public defender, community defender organization, or other attorneys or entities obtaining interpreting services under the CJA related statutes, or 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 contract.

Interpreter Signature _____ Date _____

Interpreter Coordinator Signature _____ Date _____