

INTERPRETER CLAIM FOR COMPENSATION AND EXPENSES

Language: _____ Interpreter/Firm Name: _____

Address: _____

Social Security Number/Tax I.D. Number: _____ Phone Number: _____

E-mail Address: _____ Fax: _____

Case Docket Number	Style of Case:	Judge/Magistrate/Office Services Provided:
(1) _____	USA v. _____	_____
(2) _____	USA v. _____	_____
(3) _____	USA v. _____	_____
(4) _____	USA v. _____	_____

Date (mm/dd/yy)	Hours	Type of Proceeding:	Approved for payment by CRD:
(1) _____	_____ to _____	_____	_____
(2) _____	_____ to _____	_____	_____
(3) _____	_____ to _____	_____	_____
(4) _____	_____ to _____	_____	_____

Skill Level: Certified Professionally Skilled Language Skilled

Type of Service: Interpreting Translation Other (specify) _____

Rate of Payment for ½ day \$ _____ @ _____ days: \$ _____

Rate of Payment for full day \$ _____ @ _____ days: \$ _____

Other Rate of Payment \$ _____ : @ _____ \$ _____

Overtime Rate: \$ _____ per hour @ _____ hours: \$ _____

Travel Time: \$ _____ per hour @ _____ hours: \$ _____

Mileage \$ _____ per mile (in excess of 30 miles one-way) _____ Total Round-trip miles: \$ _____

Parking @ \$ _____ per day @ _____ days: \$ _____
(for travel in excess of 30 miles one-way)

Hotel Rate @ \$ _____ per day @ _____ days: \$ _____

M & IE Rate @ \$ _____ per day (for overnight travel) @ _____ days: \$ _____

Total Compensation Claimed : \$ _____

CERTIFICATION: I hereby certify that no other claims for compensation and/or expenses have been filed, nor has payment been received from any other government source or agency for the services or time represented in this claim.

(CHECK ONE) I have **not** or have worked on this date for _____ (ex. U.S. Probation Office, U.S. Pretrial Services, Public Defender's Office). **Note: You may not submit claims for two half-days separately to any of the above, since to do so would result in an overpayment by the U.S. Courts.**

Date Signature of Interpreter

FOR COURT USE ONLY

NEW VENDOR INFORMATION: If the interpreter is a new vendor, this section should be completed and a copy of this claim form sent to Sandy Howes.

Vendor Type: Fed. Gov. Non Gov. State Gov. Local Employee Gov.

1099 Vendor: Yes No