

INTERPRETER CLAIM FOR COMPENSATION AND EXPENSES

Language: _____ Interpreter's Name: _____

Address: _____

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

Case Docket Number: (1) _____ (2) _____
 (3) _____ (4) _____

Style (title) of Case:

(1) United States of America v. _____

(2) United States of America v. _____

(3) United States of America v. _____

(4) United States of America v. _____

Type of Proceeding: _____

Type of Service: ___ Interpreting ___ Translation ___ Other (specify) _____

<u>Date</u>	<u>Hours</u>	<u>Name of Judge/Magistrate/Office For Whom Service Performed</u>	<u>Signature of Courtroom Deputy Clerk</u>
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

Rate of Payment:

\$ _____ per _____

\$ _____ per _____

Total Compensation Claimed: \$ _____

Total Expenses Claimed (if applicable): \$ _____
 (If authorized expenses such as travel per diem are claimed, itemize on attached sheet)

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.

Signature of Interpreter