

**UNITED STATES FOR THE DISTRICT  
DISTRICT OF OREGON**

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

**Payee's Name:** \_\_\_\_\_  
**Payee's Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SSN/Tax ID#:** \_\_\_\_\_  
**Date of Service:** \_\_\_\_\_  
**Language Interpreted:** \_\_\_\_\_

**Assignment data:**

\* Please complete each section. If you need help or additional information please contact the scheduling clerk.

<b>Presiding Judge</b>	<b>Case Number</b>	<b>Defendant(s) Last Name</b>	<b>Start Time</b>	<b>End Time</b>	<b>Proceeding Type</b> (See back for details. If trial, indicate if there were additional interpreters present.)	<b>Notes/Comments</b> (Example: Late cancellation, additional interpreter present, lockup, etc.)

**Compensation**

Qualification Level:     Federally Certified  
                                    Professionally Qualified  
                                    Language Skilled

**Rate**

½ day (less than 4 hours)     **On Call Full Day**  
 Full day (over 4 hours)  
 Overtime \_\_\_\_\_ (indicate amt. of overtime hours)

Fees (Based upon Qualification Level and Rate): \_\_\_\_\_ \$ \_\_\_\_\_  
 Mileage Expenses (.55¢ per mile<sup>1</sup>): \_\_\_\_\_ \$ \_\_\_\_\_  
 Other Expenses (i.e. parking, etc.): \_\_\_\_\_ \$ \_\_\_\_\_  
 Travel Expenses<sup>2</sup> \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL PAYMENT REQUESTED FOR THIS CLAIM:**    \$ \_\_\_\_\_

**Under no circumstances should a contract court interpreter be paid more than once for the same time period by different court units, including, but not limited to, Federal Public Defenders or CJA services.**

**INTERPRETER CERTIFICATION:** I certify, under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_  
 (Interpreter Signature)

\_\_\_\_\_  
 (Date)

**VERIFICATION:** I verify that the above interpretation services were performed. I also verify that these services were secured in full compliance with provisions of 28 USC § 1827 (b)(2). By signing this document, I am also certifying that any expenses (such as mileage) were necessary to performing this service and are due the payee.

\_\_\_\_\_  
 (Signature of Clerk, Pretrial Services, Probation Officer)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature of Scheduling Clerk)

\_\_\_\_\_  
 (Date)

<sup>1</sup> Current rate as of February 1, 2009.

<sup>2</sup> Travel information must be documented on the reverse of this form. Total travel reimbursement will be calculated by the Court and brought forward to this page. Interpreters will be provided with a copy of this voucher when modified by the Court.

**INSTRUCTIONS**

This claim form is to be used only if interpreter services were requested by the Clerk's Office, Pretrial Services, or Probation. **A separate claim form must be prepared for each days services.** In order to ensure prompt payment, all invoices shall be submitted by the interpreter within 30 days of contract performance (Reference Section 7.1 "Contract Court Interpreter Services Terms and Conditions, Payment for Services-General Invoice Requirement").

**NOTICE CONCERNING TAXPAYER IDENTIFICATION NUMBER**

*You are hereby notified, pursuant to the Privacy Act of 1974, Public Law No. 93-579, § 7(b), 88 Stat. 1896, 1909, that disclosure of your social security number is mandatory. The authority for the solicitation of your number is R. C. §§ 6041, 6109 and 26 C. F. R. § 301.6109-1 (1978). The Director of the Administrative Office of the United States Courts will use your Social Security Number to make information returns to the Secretary of the Treasury.*

**Assignment Data Table:** Identify the case number and name of the first defendant. Enter the name of the judicial officer before whom the interpreting services were performed. Note the "Start Time" and "End Time" for each assignment. \*\* See the example of a completed assignment below.

**Proceeding Type:** Note the type of proceeding (i.e. trial, change of plea, supervised release violation, 1<sup>st</sup> appearance, arraignments, sentencing, etc.). Note if a lockup interview took place. Report data must reflect the name of a second interpreter when applicable.

**Out-of-Court-Services:** It is the policy of the U.S. District Court, District of Oregon to compensate interpreters from appropriated funds for out-of-court work performed during the period of time they have been secured for in-court work within the court facility. This is most commonly (but not limited to) services provided in the lockup facilities on-site or interviews on behalf of probation or pretrial services officers. Document translation services requested by the court may be billed on this form.

**Compensation Block:** Indicate the appropriate fee based upon your qualification level. Rates below are effective April 1, 2009. If the Clerk's Office secured interpreter services for the entire day, check the "on-call" box **in addition** to either the ½ day or full day box.

**\*\*Example of a completed assignment log:**

Presiding Judge	Case Number	Defendant(s) Last Name	Start Time	End Time	Proceeding Type (See back for details. If trial, indicate if there were additional interpreters present.)	Notes/Comments (Example: Late cancellation, additional interpreter present, lockup, etc.)
HA	99-cr-99	Smith	9:05	9:45	Change of Plea / Sentencing	mtg. w/ probation officer after hearing from 9:50 - 10:00

<b>Federally Certified / Professionally Qualified Interpreter Rates as of April 1, 2009</b>  <b>Full Day: \$384.00</b> <b>Half Day: \$208.00</b> <b>Overtime: \$ 54.00 per hour or part thereof</b>	<b>Language Skilled (Non-Federally Certified) Interpreter Rates as of April 1, 2009</b>  <b>Full Day: \$185.00</b> <b>Half Day: \$102.00</b> <b>Overtime: \$ 32.00 per hour or part thereof</b>
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**Travel Expenses:** Mileage will be reimbursed for travel outside of normal commute area (30 miles) at the current rate established by the Judicial Conference. Per diem and other travel expenses will be reimbursed in accordance with the Judiciary Travel Regulations. Receipts must be provided for airfare, rental cars, lodging and other expenses (i.e. parking, telephone, taxi, etc.) with this claim.

**TRAVEL INVOICE**

\* Please complete each section. If you need additional information please contact the scheduling clerk.

<b>Point of Departure:</b>	<b>Date/Time:</b>	<b>Transportation Mode:</b>
<b>Destination:</b>	<b>Arrival - Date/Time:</b>	
<b>Return Trip Begin - Date/Time:</b>	<b>End of Trip - Date/Time:</b>	<b>Round Trip Miles (by car):</b>