REQUEST FOR REIMBURSEMENT FOR FOREIGN LANGUAGE INTERPRETER SERVICES

Mail originals to Administrative Office of the Courts, Attn: Court Interpreter Services 625 Marshall Street, Little Rock, AR 72201

Interpreter Information:

Name and address:

_____
_____
_____
_____

Telephone: _____

☐ Certified Interpreter ☐ Candidate
☐ Sign Language ☐ Deaf Interpreter

Language: _____

Court Information

Date: _____

IMSS Order # _____

Judge: _____ City: _____

☐ District ☐ Criminal ☐ Civil
☐ Circuit ☐ Juvenile ☐ Probate
☐ Domestic Relations

# of people interpreted for: _____

☐ Defendant / Respondent ☐ Witness ☐ Minor
☐ Plaintiff / Petitioner ☐ Victim ☐ Parent / Relative

If interpreter services were not utilized, state the reason below:

_____

I certify that the interpreter appeared in my court on the date indicated above.

_____

JUDGE'S SIGNATURE Date

To Be Completed By Interpreter

Interpreter Services Provided For: (Mark All That Apply)

☐ Court ☐ DWI Screening ☐ Cashier Payment ☐ Telephonic
☐ Attorney/Client ☐ Probation ☐ Prosecutor ☐ Other

Total Billable Fees:

Interpreter Services:

Arrival Time: _____ End Time: _____ Total Time: _____

Travel Information

Foreign Language

Total miles: _____(round trip)
Total mileage fee (@.42/mile): _____ (Foreign Language)
Travel Time _____ @ $20.00 an hour
From: _____ to _____

Sign Language

Travel Time _____ @ $30.00 an hour
From: _____ to _____

Interpreting Fee: $ _____

Travel Time Fee: $ _____
(If Applicable)

Mileage Fee: $_____
(If Applicable)

Cancellation Fee: $ _____
(If Applicable)

TOTAL INVOICE: $ _____

I certify that I performed the interpreter services as indicated above and that the information provided is correct.

Signature of Interpreter _____ **Date** _____

AOC Use Only

Approved By: _____