



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: _____

Interpreting Fee: \$ _____

Travel Information

Foreign Language

Total miles: _____ (round trip)

Travel Time Fee: \$ _____

Total mileage fee (@.42/mile): _____ (Foreign Language)

(If Applicable)

Travel Time _____ @ \$20.00 an hour

Mileage Fee: \$ _____

From: _____ to _____

(If Applicable)

Sign Language

Travel Time _____ @ \$30.00 an hour

Cancellation Fee: \$ _____

From: _____ to _____

(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: _____