

# REQUEST FOR REIMBURSEMENT FOR FOREIGN LANGUAGE INTERPRETER SERVICES

Mail originals to: Administrative Office of the Courts, 625 Marshall Street; Justice Bldg., Little Rock, AR 72201  
Attn: Jessica Bowen / Court Interpreter Services

## To Be Completed By Interpreter

Interpreter Name and Address \_\_\_\_\_

Certified Interpreter  Candidate for Certification

LANGUAGE: \_\_\_\_\_

**INVOICE #** \_\_\_\_\_

Services Provided to Court: \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_

Judge \_\_\_\_\_

Circuit  District

(For Circuit Courts Only) Division:  Juvenile  Domestic Relations  Criminal  Civil  Probate

## Case Information

NUMBER OF PEOPLE INTERPRETED FOR: \_\_\_\_\_

Defendant  Plaintiff  Parent  Witness  Minor  Victim

Failure to Appear  Not needed by Court  Cancellation (less than 24 hour notice)

## Date Services Provided

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_ Total Time in Court \_\_\_\_\_

Total Time via Phone \_\_\_\_\_ Total Court Fee \$ \_\_\_\_\_

\*\*Travel Time \_\_\_\_\_ @ \$20.00 an hour (CERTIFIED ONLY) Total Travel Fee \$ \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Total Miles \_\_\_\_\_ (Round Trip) Total Mileage Fee (@ .42/mile) \$ \_\_\_\_\_

TOTAL FEE REQUESTED FOR SERVICES \$ \_\_\_\_\_

I hereby certify that I am eligible for payment for my services as indicated above and that the information provided is correct to the best of my knowledge.

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

SSN \_\_\_\_\_ Signature of Interpreter \_\_\_\_\_

## To Be Completed By Judge

I hereby certify that interpreter services were provided to my court as indicated above and that the interpreter is eligible for reimbursement from the Administrative Office of the Courts.

Signature of Judge \_\_\_\_\_

## AOC USE ONLY

Approved By: \_\_\_\_\_

(See Coversheet for Approved Fee Breakdown)

Last Modified 11/6/2012