

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

To Be Completed By Interpreter

Interpreter Name and Address _____

Certified Interpreter Candidate for Certification

LANGUAGE: _____

INTERPRETER'S INVOICE # _____

Services Provided to Court: _____

City _____

Telephone _____

Judge _____

Circuit District

CIRCUIT Court Division: Juvenile Domestic Relations Criminal Civil Probate

Case Information

NUMBER OF PEOPLE ACTUALLY INTERPRETED FOR: _____

Defendant Plaintiff Parent Witness Minor Victim

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

Date Services Provided

Actual _____ day of _____ / _____
Actual
Arrival Time _____ Departure Time _____ Total Time in Court Interpreting _____

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 _____ / _____

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 9/11/2013