

REQUEST FOR REIMBURSEMENT FOR SIGN 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

Interpreter Information Certified Interpreter Deaf Interpreter

_____ **INVOICE #** _____

_____ Services Provided to Court: _____

_____ City _____

Telephone _____ Judge _____

(For Circuit Courts Only) **Division:** Juvenile Domestic Relations Circuit District
 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 Court Fee \$ _____

Travel Time _____ @ \$30.00 an hour Total Travel Fee \$ _____

From _____ to _____

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 11/6/2012