

# REQUEST FOR REIMBURSEMENT FOR SIGN 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  Deaf Interpreter

**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 Arrival Time \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Actual Departure Time \_\_\_\_\_ Total Time In Court Interpreting \_\_\_\_\_

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 9/11/2013