

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
LANGUAGE:
INVOICE #
Services Provided to Court:
City
Judge
Circuit District
Division: Juvenile Domestic Relations Criminal Civil Probate

Case Information

NUMBER OF PEOPLE INTERPRETED FOR:
Defendant Plaintiff Parent Witness Minor
Failure to Appear Not needed by Court Cancellation (less than 24 hour notice)

Date Services Provided

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)