

REQUEST FOR REIMBURSEMENT FOR SIGN LANGUAGE INTERPRETER SERVICES  
Contracted through Communication Plus+

***To Be Completed By Interpreter***

**Interpreter Information**

Certified Interpreter

Deaf Interpreter

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

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

City \_\_\_\_\_

Telephone \_\_\_\_\_

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**

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

Arrival Time \_\_\_\_\_

Departure Time \_\_\_\_\_

Total Time in Court \_\_\_\_\_

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)