INTERPRETER'S REPORT OF SERVICES & CLAIM FORM/SUPPLEMENTAL REPORT

Name: _____ SSN or TIN _____

Address: _____ Purchase Order Number: _____

_____

This section to be completed by Courtroom Deputy or Person Requesting Interpreting Services

CASE NUMBER	DEFENDANT NAME	DATE	PRINTED NAME	SIGNATURE

☐ Check here if interpreter appeared for hearing, was not needed but hearing did go forward.

☐ Check here if interpreter appeared for hearing but hearing was canceled and did not go forward.

INVOICE FOR SERVICES
(This section to be completed by Interpreter)

Language in which interpreting services were provided: _____

Seat of Court:

☐ NH ☐ HFD ☐ BPT

Departure time from residence: _____
Arrival time at court: _____
Start time of interpreting services: _____
Stop time of interpreting services: _____
Departure time from court: _____
Arrival time at residence: _____

Round trip mileage traveled: _____

Parking/Toll charges: _____

Note: Receipts or proof of payment MUST be attached or the expense will not be reimbursed.

Check off one of the boxes below (required for payment)

☐ I was scheduled for a full-day and I attest that I DID NOT have more than a 30 minute break between scheduled courtroom and/or interviews.

☐ I was scheduled for a half-day and attest that I DID NOT have more than a 15 minute break between scheduled courtroom and/or interviews.

☐ I was scheduled for a full or half day and had more than a 30 minute break between scheduled courtroom and/or interviews. During the available time, I pursued the following as noted below:

_____

_____

_____

_____

"I hereby certify that I rendered the services described herein, that said services were rendered in accordance with the Contract Court Interpreter Services Terms and Conditions, and that no other federal court unit, Federal Public Defender, Community Defender Organization, or other attorneys or entities obtaining interpreting services under the CJA or Defender Services appropriation has been or will be billed for the same period of service or travel expenses".

_____ _____
Interpreter's Signature Date

Mail to: United States District Court
Attn: Finance Department
141 Church Street
New Haven, CT 06510