



**SUPERIOR COURT
INTERPRETER SERVICES INVOICE**

NAME		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER ____ _		LANGUAGE	
STREET ADDRESS			TELEPHONE NUMBER		CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY			STATE	MUST INCLUDE ZIP CODE ➔ ←	REGISTERED? <input type="checkbox"/> Yes <input type="checkbox"/> No
IS THIS A NEW ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No					

CASE TYPE <small>(Only One Case Type Per Invoice)</small> <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL – FAMILY LAW <input type="checkbox"/> CIVIL – OTHER	<input type="checkbox"/> IN PERSON <input type="checkbox"/> VIA TELEPHONE	CASE DESIGNATION <small>(Only One Per Invoice)</small> SEATTLE <input type="checkbox"/> KENT <input type="checkbox"/>
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JUVENILE HEARINGS ONLY:

IN COURT OFFENDER TRUANCY DEPENDENCY ARY CHINS
 OUT OF COURT

DATE	CASE NUMBER <small>(Third digit in case # must be the same per invoice)</small>	CASE NAME	NAME OF JUDGE / ATTORNEY / LOCATION / ROOM NUMBER	HEARING TYPE	APPROVAL SIGNATURE	START TIME	FINISH TIME	<i>DO NOT WRITE IN SHADED AREAS</i>
TOTAL HOURS:								
TOTAL PAYMENT:								

INTERPRETER CERTIFICATION

I hereby certify, under penalty of perjury, that this is a true and correct claim for interpreter services provided by me on behalf of King County and that no payment for these services has been received by me to date.

SIGNATURE: _____ Your Invoice Tracking Code DATE: _____

**INVOICES NOT SUBMITTED WITHIN 30 DAYS MAY BE SUBJECT TO A 10% REDUCTION.
INVOICES MORE THAN 6 MONTHS LATE MAY NOT BE PAID.**

PLEASE MAIL TO:
 KING COUNTY SUPERIOR COURT
 ATTN: Gary Cutler
 516 THIRD AVENUE - ROOM C-203
 SEATTLE, WA 98104

**PLEASE MAKE A COPY
FOR YOUR OWN RECORDS
BEFORE SUBMITTING THIS FORM**

FOR BUDGET DEPARTMENT USE ONLY