SEATTLE MUNICIPAL COURT
INTERPRETER SERVICE INVOICE

(SEE REVERSE SIDE FOR INSTRUCTIONS)

INTERPRETER: _____

SOCIAL SECURITY #: _____

AGENCY: _____

ADDRESS: _____

_____

_____

TELEPHONE: _____

LANGUAGE: _____

STATE CERTIFIED:

O Yes # _____ O No

Please mail on a weekly basis to:

SEATTLE MUNICIPAL COURT
ATTN: Interpreter Coordinator
ACCOUNTS PAYABLE DEPARTMENT
610 THIRD AVENUE
SEATTLE, WA 98104

Voucher must be submitted within 30 days of date of interpreter service rendered or the vouchers may not be honored and paid.

O 1st thru 15th of the month O 16th thru 31st of the month

Date	Case Number	Defendant's Name	Type of Hearing	Courtroom # Judge's Name	Time		Number of Hours	Authorized Signature	Amount
					In	Out			
		(USE REVERSE FOR OTHER CASES)				TOTAL		TOTAL	

EACH APPEARANCE MUST BE SIGNED BEFORE LEAVING COURTROOM

I declare under penalty of perjury that the services indicated hereon were legally required and personally performed by me and the fees therefore are a just and legal charge against the Seattle Municipal Court. Claim is hereby made for interpreting services as itemized above.

SIGNATURE: _____ **DATE:** _____ **PAGE:** ____ **OF** ____