



**Snohomish County District Court
Interpreter Service Invoice
Instruction Sheet**

Interpreter Name/Agency Name – Please indicate your name as the interpreter providing the service on this line. If you work for a specific interpreter agency list the agency name on this line, as well. Whenever an Agency Name is listed on this line payment will be sent to the agency.

Address, phone and fax number – Please list a billing address, phone and fax number.

Date of Service – Required for payment of invoice.

Location – Please indicate the Division of the District Court or office (Office of Public Defense, jail) you provided interpreting service.

Requesting Party – Please indicate which office scheduled your appearance (e.g. Court Public Defender, Prosecuting Attorney.)

Case No. – Please indicate the case number for which you provided the interpreter service. Please indicate "multiple" if you provided interpreter services for several cases.

Case Type – Please indicate the case type you provided interpreter services for (e.g. criminal, infraction, civil, small claims, domestic violence, harassment.)

Hearing Type – Indicate the type of hearing you provided service for (e.g., contested, mitigation, pre-trial, jury trial, motion, etc.)

Time – Enter beginning and ending time as well as the hourly rate as agreed upon by the interpreter and the court at the time this appointment was booked.

Total – To be completed by court staff using began and end times as the reference. Clerks will round up to the next ½ hour.

Clerk's Signature – Clerk's signature is required here for payment of invoice.

***Miles Driven** – Please indicate number of miles driven from original address to appointment or court destination.

***Travel: (Time)** – If travel from the "original address" to the "appointment or court destination" was 30 minutes and 16+ miles you may claim travel time at \$25.00 per hour. Please enter both the time traveled here in 10 minute increments **plus** the miles driven. Travel time will be paid only when traveling time is ½ hour or more. Failure to enter both miles driven and time may result in the invoice not being honored or paid.

Total Billed: Please enter the total amount billed for travel here.

Map Quest Readout: Please attach a map quest readout showing the miles traveled from the original address to the court destination. Invoices submitted without a map quest readout may be returned to the interpreter/agency.



**INTERPRETER INVOICE
SNOHOMISH COUNTY COURTS**

District: Everett Evergreen South Cascade **SUPERIOR:** Courthouse Demney Other
Municipal Court: Edmonds Everett Lynnwood Marysville

Interpreter Name/Agency Name: Sign on/ Language: _____ Date of Service: _____

Address: _____ Phone: _____ FAX: _____

Washington Court Certified Yes No Washington Court Registered Yes No In-Court Qualified Yes No
 Federal/Oregon Certified Yes No AM Session PM Session

***This invoice must be signed by a court clerk/official and submitted to the court on the day of service. All information must be supplied or this invoice may NOT be honored or paid.**

Location (Division/Court)	Requesting Party	Case Number	Case Type	Hearing Type	Time Half-Hour Increments		Total (Completed By court staff)	Court Official
					Began	Ended		

Claimant Certification: *I hereby certify that under penalty of perjury that this is a true and correct claim for interpreter services provided by me on behalf of the Court and no payment have been received by me on account thereof.*

Signature: _____ Printed Name: _____ Date: _____

Travel Documentation: See back for Form

- Purposes of this Form include facilitating the court's eligibility under the Washington State Administrative Office of the Courts (AOC) Interpreter Services Funding Program by:**
1. Compiling data required by the AOC for interpreter services reimbursement.
 2. Establishing pay rates that are in conformance with the AOC Payment Structure.

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Travel Payment Defined: Travel from origin to appointment, 0-15 miles, will be paid mileage. Travel from origin to appointment, 16+ miles, will be paid either mileage or time, but not both. When travel time is paid it will be at ½ the hourly rate of pay in ½ hour increments. Travel time will be paid only when traveling time is ½ hour or more. Travel is only paid from point of origin to appointment. Exception: When the interpreter's next appointment is for the district court travel will be paid between appointments.

TRAVEL TIME REIMBURSEMENT:

Original Address: _____

Court Destination: _____

Secondary Court Destination: _____

TRAVEL			
MILES Driven	TIME (10 minute increments)	TOTAL TIME (10 minutes increments)	TOTAL BILLED

Map Quest Mileage Readout attached Yes No

COMMENTS: _____

Purposes of this Form include facilitating the court's eligibility under the Washington State Administrative Office of the Courts (AOC) Interpreter Services Funding Program by:

1. Compiling data required by the AOC for interpreter services reimbursement.
2. Establishing pay rates that are in conformance with the AOC Payment Structure.