

**ADMINISTRATIVE OFFICE OF THE TRIAL COURT
INTERPRETER DAILY SERVICE RECORD**

Name: _____	Vendor/Customer Code # _____	Date of Service _____
Address: _____ _____ _____	Vendor Invoice # _____	Language _____
<p align="center">SECTION A: Interpreting Time</p> <p>Interpreting Hours: * <input style="width: 100px; height: 20px;" type="text"/> Total Hours: <input style="width: 100px; height: 20px;" type="text"/></p> <p>Waiting Hours: <input style="width: 100px; height: 20px;" type="text"/> (No Lunch Time)</p> <p align="center">* IF INTERPRETING HOURS IS " 0 " GIVE REASON IN " CASE NAMES " SECTION</p>		

A.M.	Judge: _____	Court: _____
Case Names: _____ Docket # _____ _____ _____ _____ (Use back for additional Names & Docket #s)		

P.M.	Judge: _____	
Case Names: _____ Docket# _____ _____ _____ _____ (Use back for additional Names & Docket #s)		

COMPENSATION

<input type="checkbox"/> Certified / Qualified Check one: <input type="checkbox"/> \$300 Full Day <input type="checkbox"/> \$200 Half Day <input type="checkbox"/> Screened Check one: <input type="checkbox"/> \$200 Full Day <input type="checkbox"/> \$125 Half Day Additional _____ Total <input style="width: 80px; height: 20px;" type="text"/>	<p align="center">SECTION B: Mileage and Travel Time</p> <p>Total Miles = <input style="width: 80px; height: 20px;" type="text"/> *If over 40 miles complete the following:</p> <p>1) <u>Mileage</u> Total Miles x \$.40 = <input style="width: 80px; height: 20px;" type="text"/> (Circle which applies)</p> <p>2) <u>Travel Time</u> Total Miles ÷ 50 = <input style="width: 80px; height: 20px;" type="text"/> x ½ MCDHH = <input style="width: 80px; height: 20px;" type="text"/> Legal Hourly Rate</p> <p align="center">Total Mileage and Travel Time Reimbursement <input style="width: 100px; height: 20px;" type="text"/></p>
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Total Compensation Due (Section A+B)	
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SERVICE CONFIRMATION

THE FIRST JUSTICE, CLERK MAGISTRATE, COURT LIAISON OR AUTHORIZED SIGNATORY MUST COMPLETE THIS SECTION. I have reviewed and approved the case assignment and attendance information of the above-named interpreter. Please initial attendance confirmation.

Please Print Name	Signature
Title	Date

VENDOR'S CERTIFICATION

I CERTIFY THAT THE SERVICES WERE RENDERED AS SET FORTH ABOVE

SIGNATURE	DATE
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ATTENDANCE CONFIRMATION

Morning Session	Afternoon Session
Time In: _____ Time Out: _____	Time In: _____ Time Out: _____