

# INTERPRETING INVOICE FOR CJA ATTORNEY

Revised February 10, 2016

## INTERPRETER'S INFORMATION

Interpreter's Name \_\_\_\_\_

Payee (If Different) \_\_\_\_\_ Tax ID Number

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Pager/Cell \_\_\_\_\_

### Qualifications (Please mark one of the following):

- ☐ Certified by the Administrative Office of the U.S. Courts
- ☐ Registry of New Jersey (Indicate the appropriate one): ☐ 1M ☐ 2J ☐ 3C
- ☐ Registry of Interpreters for the Deaf (RID). Qualification \_\_\_\_\_
- ☐ Other Please Specify \_\_\_\_\_

## CASE INFORMATION

Case Name/Defendant(s) \_\_\_\_\_

Case Number \_\_\_\_\_ Assistant U.S. Attorney's Name \_\_\_\_\_

Name of Judge/Magistrate Judge \_\_\_\_\_

## SERVICES RENDERED

Date \_\_\_\_\_ Time Hired For \_\_\_\_\_ Start \_\_\_\_\_ Finish \_\_\_\_\_

Languages: English and  Type of Proceeding \_\_\_\_\_

☐ In Court ☐ Out of Court ☐ Both Place of Proceeding \_\_\_\_\_

### **\*\*Receipts MUST BE INCLUDED for reimbursement of travel expenses.\*\***

Mileage: # of Miles \_\_\_\_\_ x \$0.54 = \_\_\_\_\_

\* Tolls (if any) \_\_\_\_\_

\* Parking \_\_\_\_\_

\* OR Public Transportation \_\_\_\_\_

Fee for Services

Total Travel Expenses

**TOTAL DUE**

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 the Defender Services appropriation has been or will be billed for the same period of service or travel expenses. I CERTIFY THIS TO BE TRUE AND ACCURATE.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**\*\*\*Invoice should be submitted directly to the CJA Panel Attorney**