

**UNITED STATES DISTRICT COURT
DISTRICT OF OREGON**

INTERPRETER'S REPORT OF SERVICES AND CLAIM FOR COMPENSATION AND EXPENSES

Payee's Name: _____ **SSN/Tax ID#:** _____
Payee's Address: _____ **Date of Service:** _____
 _____ **Language Interpreted:** _____
 _____ **BPA Contract #:** _____

Assignment data:

* Please complete each section below (see example on reverse side of this form). If you need help or additional information, please contact the Interpreter Coordinator.

Presiding Judge	Case Number <small>(see back for details)</small>	Defendant(s) Last Name <small>(Please print)</small>	Start Time	End Time	Proceeding Type <small>(See back for details. If trial, indicate if additional interpreters were present.)</small>	Notes/Comments <small>(Example: Late cancellation, additional interpreter present, lockup, etc.)</small>

Compensation

Qualification Level: Federally Certified
 Professionally Qualified
 Language Skilled

Rate

1/2 day (less than 4 hours) **On Call Full Day**
 Full day (over 4 hours)
 Overtime _____ (indicate number of overtime hours)

Fees (Based upon Qualification Level and Rate): _____ \$ _____
 Mileage Expenses (\$.535 per mile¹): _____ \$ _____
 Other Expenses (*i.e.* parking, etc.): _____ \$ _____
 Travel Expenses²: _____ \$ _____

TOTAL PAYMENT REQUESTED FOR THIS CLAIM: \$ _____

INTERPRETER CERTIFICATION: I hereby certify that I personally rendered the services described herein for payment requested, that said services were rendered in accordance with the Contract for Court Interpreter Services, and that no other federal court unit, federal public defender, community defender organization, or other attorneys or entities obtaining interpreting services under the Criminal Justice Act or the related statutes, or the Defender Services appropriation, or any other federal agency or entity has been or will be billed for the same period of service, cancellation, or travel expenses for any services rendered during the same half or full-day, other period of service, or time covered by a cancellation fee or travel expense reimbursement for which I am being compensated pursuant to the contract.

I certify, under penalty of perjury, that the foregoing is true and correct.

 (Interpreter Signature) (Date)

VERIFICATION: I verify that the above interpretation services were performed. I also verify that these services were secured in full compliance with provisions of 28 USC § 1827(b)(2). By signing this document, I am also certifying that any expenses (such as mileage) were necessary to performing this service and are due the payee.

 (Signature of Clerk, Pretrial Services, Probation Officer) (Date)

 (Signature of Scheduling Clerk) (Date)

¹ Current rate as of January 1, 2017.

² Travel information must be documented on the reverse of this form. Total travel reimbursement will be calculated by the Court and brought forward to this page. Interpreters will be provided with a copy of this voucher when modified by the Court.

INSTRUCTIONS

This claim form is to be used only if interpreter services were requested by the Clerk's Office, Pretrial Services, or Probation. **A separate claim form must be prepared for each day of service.** In order to ensure prompt payment, all invoices shall be submitted by the interpreter within 30 days of contract performance (Reference Section 7.1 "Contract Court Interpreter Services Terms and Conditions, Payment for Services-General Invoice Requirements").

NOTICE CONCERNING TAXPAYER IDENTIFICATION NUMBER

You are hereby notified, pursuant to the Privacy Act of 1974, Public Law No. 93-579, §7(b), 88 Stat. 1896, 1909, that disclosure of your social security number is mandatory. The authority for the solicitation of your number is I.R.C. §6109 and 26 C. F. R. §301.6109-1 (1978). The Director of the Administrative Office of the United States Courts will use your Social Security Number to make information returns to the Secretary of the Treasury.

Assignment Data Table: Identify the case number and name of the first defendant. Enter the name of the judicial officer before whom the interpreting services were performed. Note the "Start Time" and "End Time" for each assignment.
** See the example of a completed assignment below.

Proceeding Type: Indicate the type of proceeding (*i.e.* trial, change of plea, supervised release violation, 1st appearance, arraignments, sentencing, etc.). Indicate if a lockup interview took place. Report data must reflect the name of a second interpreter when applicable.

Out-of-Court-Services: It is the policy of the U.S. District Court, District of Oregon to compensate interpreters from appropriated funds for out-of-court work performed during the period of time they have been secured for in-court work within the court facility. This is most commonly (but not limited to) services provided in the lockup facilities on-site or interviews on behalf of probation or pretrial services officers. Document translation services requested by the court may be billed on this form.

Compensation Block: Indicate the appropriate fee based upon your qualification level. Rates below are effective as of October 1, 2015. If the Clerk's Office secured interpreter services for the entire day, check the "on-call" box in addition to either the ½ day or full day box.

****Example of a completed assignment log:**

Presiding Judge	Case Number (including Division code)	Defendant(s) Last Name	Start Time	End Time	Proceeding Type (See back for details. If trial, indicate if there were additional interpreters present.)	Notes/Comments (Example: Late cancellation, additional interpreter present, lockup, etc.)
HA	3:13-cr-99	Smith	9:05	9:45	Change of Plea / Sentencing	mtg. w/ probation officer after hearing from 9:50 - 10:00

Federally Certified / Professionally Qualified Interpreter Rates as of October 1, 2015	Language Skilled (Non-Federally Certified) Interpreter Rates as of October 1, 2015
Full Day: \$418.00 Half Day: \$226.00 Overtime: \$ 59.00 per hour or part thereof	Full Day: \$202.00 Half Day: \$111.00 Overtime: \$ 35.00 per hour or part thereof

Travel Expenses (Pre-approval required): Mileage will be reimbursed for travel outside of normal commute area (30 miles) at the current rate established by the Judicial Conference. *Per diem* and other travel expenses will be reimbursed in accordance with the Judiciary Travel Regulations. Receipts must be provided for airfare, rental cars, lodging and other expenses (*i.e.* parking, telephone, taxi, etc.) with this claim.

TRAVEL INVOICE

* Please complete each section. If you need additional information, please contact the Interpreter Coordinator.

Point of Departure:	Date/Time:	Transportation Mode:
Destination:	Arrival - Date/Time:	
Return Trip Begin - Date/Time:	End of Trip - Date/Time:	Round Trip Miles (by car):