

**UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON**

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

**Payee Name:** \_\_\_\_\_  
**Payee Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Date Service Started:** \_\_\_\_\_  
**Language:** \_\_\_\_\_

**SSN/Tax ID#:** \_\_\_\_\_ - on file -  
**BPA Contract #** \_\_\_\_\_ - on file -

**Qualification Level & Rate**  
 Federally Certified  
 Professionally Qualified  
 Language Skilled  
 Other per RTE

**Duration**  
 Half Day (up to 4 hours)  
 Full Day (over 4 hours)  
 Multi-Day (addendum attached)  
 Overtime hours \_\_\_\_\_

**Assignment Data**

Please use a separate voucher for each Confirmation of Acceptance of Services.

<b>Date(s)</b>	<b>Case Number</b>	<b>Defendant(s) Last Name</b> (If the matter is sealed, write "SEALED.")	<b>Start Time</b>	<b>End Time</b>	<b>Assignment Type</b> (Example: Change of plea, sentencing, lockup, etc.)	<b>Notes/Comments</b> (Example: Late cancellation, standby, no interpreter needed, etc.)

**Travel Log**

Please complete each section if travel is authorized.

<b>Point of Departure:</b>		<b>Transportation Mode:</b>	
<b>Destination:</b>		<b>Mileage (if by car):</b>	
<b>Departure</b>		<b>Return Trip</b>	
<b>Date</b>	<b>Start Time</b>	<b>Date</b>	<b>Start Time</b>
<b>Date</b>	<b>Arrival Time</b>	<b>Date</b>	<b>Arrival Time</b>

**Compensation**

Professional Fees:<sup>1</sup> \$ \_\_\_\_\_  
 Mileage Expenses:<sup>2</sup> \$ \_\_\_\_\_  
 Reimbursable Expenses:<sup>3</sup> \$ \_\_\_\_\_  
**Total Payment Requested:** \$ \_\_\_\_\_

**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 claimed interpretation services were performed. I also verify that these services were secured in full compliance with provisions of 28 U.S.C. § 1827(b)(2). By signing this document, I also certify that any authorized expenses were necessary to performing this service and are due the payee.

\_\_\_\_\_  
 Signature of Scheduling Clerk, Pretrial Services Officer,  
 or Probation Officer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Reviewing Clerk

\_\_\_\_\_  
 Date

## INSTRUCTIONS

This claim form is to be used with a single Confirmation of Acceptance of Services requested by the Clerk's Office, U.S. Pretrial Services, or U.S. Probation. In order to ensure prompt payment, the interpreter shall submit all invoices 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:** If the assignment extended beyond the date of service on which it started, list any additional dates and assignment types. Record the full case number and the last name for each defendant. If the matter is sealed, do not include the defendant's name, write "SEALED." Include the start and end time for each event, the assignment type, and any notes or comments. Please make separate entries for each defendant, case number, proceeding, or interpreting event. See the sample of a completed assignment below.

**Assignment Type:** Indicate the type of proceeding or interpreting event (*i.e.* trial, change of plea, supervised release violation, arraignment, sentencing, lockup prior to/after hearing, Pretrial interview, Probation intake, etc.).

**Out-of-Court Services:** It is the policy of the U.S. District Court for the District of Oregon to compensate interpreters from appropriated funds for out-of-court work that is integral to the court hearing and performed during the period the interpreter has been secured for in-court work within the court facility. This is most commonly (but not limited to) services provided in the lockup facilities or on-site interviews on behalf of probation or pretrial services officers.

**Compensation Block:** Indicate the appropriate fee based upon your qualification level. Mark either the half day or full day box, and indicate any overtime hours if applicable.

Sample:

<b>Date(s)</b>	<b>Case Number</b>	<b>Defendant(s) Last Name</b> (If the matter is sealed, write "SEALED.")	<b>Start Time</b>	<b>End Time</b>	<b>Assignment Type</b> (Example: Change of plea, sentencing, lockup, etc.)	<b>Notes/Comments</b> (Example: Late cancellation, standby, no interpreter needed, etc.)
01/01/2023	3:21-cr-99-HA-01	Smith	9:05 AM	9:45 AM	Change of Plea	
01/01/2023	3:22-cr-88-HA-08	Johnson	10:00 AM	10:50 AM	U.S. Pretrial Interview	Meeting at lockup for Pretrial Interview

**Reimbursable Expenses (pre-authorization required):** Mileage will be reimbursed for travel outside of the normal commute area (30 miles) at the current rate established by the Judicial Conference. Travel and subsistence expenses will be reimbursed on an actual expense basis up to the per diem maximum for the locality in accordance with the Judiciary Travel Regulations and the Terms and Conditions of the Purchase Order. Current per diem rates are available on [GSA's website](#). The contract interpreter must make coach class reservations on a fully refundable fare with no penalties for cancellations or changes. The court will not reimburse the contract interpreter for the fare for any reservations not used, penalties, trip insurance, or cancellation fees regardless of the reason. For air travel, copies of boarding passes must be provided with travel receipts. In accordance with local district court policy, receipts must be provided for all authorized reimbursable expenses. For missing or unavailable receipts, please contact the Interpreter Coordinator for instructions.

#### 1 Professional Fees:

Current fees for court interpreters based on qualification level may be found at:

<https://www.uscourts.gov/services-forms/federal-court-interpreters>.

Travel time must be included in the professional fees calculation. Departure location, arrival destination, and travel start and end times must be included in the travel log.

#### 2 Mileage Expenses:

Current mileage reimbursement rates may be found at:

<https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates>.

#### 3 Reimbursable Expenses:

If authorized, reimbursable travel and subsistence expenses must be itemized and included with this invoice.