

UNITED STATES DISTRICT COURT  
 NORTHERN DISTRICT OF NEW YORK  
 UNITED STATES OF AMERICA

INTERPRETER PAYMENT VOUCHER

VS.

Case Number(s):

\_\_\_\_\_  
 Defendant(s)  
 \_\_\_\_\_  
 Defendant(s)  
 \_\_\_\_\_  
 Defendant(s)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DESCRIPTION OF WORK:	CLAIM INFORMATION:	
DATE OF SERVICE:	LENGTH: Full-Day	Half Day
BEGIN TIME:	LEVEL: Certified	Non-Cert
END TIME:	RATE (see Fee Schedule below):	\$
LANGUAGE:	ROUND-TRIP MILES*:	
PROCEEDING(S):	MILEAGE AMOUNT*:	\$
BEFORE JUDGE:	PARKING / TOLLS*:	\$
COURT LOCATION:	TOTAL AMOUNT DUE:	\$

**(PRINT or TYPE)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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.

No other federal court unit (U.S. District Court, U.S. Probation, 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, cancellation or travel expenses.

I performed interpreting services for another Court unit or CJA Attorney on this date. (Other Court Unit or Attorney: \_\_\_\_\_)

\_\_\_\_\_  
 (signature of Interpreter)

FEE SCHEDULE (Effective 10/1/2015)		MILEAGE RATE*:
<b>CERTIFIED:</b> Full Day = \$418 Half Day = \$226 Overtime = \$ 59 / hour	<b>NON-CERTIFIED:</b> Full Day = \$202 Half Day = \$111 Overtime = \$ 35 / hour	54 Cents per mile ( .54 / mile )

\* As of May 1, 2005, mileage and parking fees are payable only for interpreters commuting more than 30 miles one way from the contract interpreter's residence to the court location.

**For Court Use only:**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Interpreter Web Calendar has been updated \_\_\_\_\_

\_\_\_\_\_ The amount requested above exceeds the fee schedule, and the signed AO-290 Request for Authorization To Exceed Fee Schedule Form from the Administrative Office is attached to this voucher.