

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

INTERPRETER PAYMENT VOUCHER

VS.

List all Case Number(s):

Defendant(s)

Defendant(s)

Defendant(s)

Defendant(s)

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

Interpreter Information: LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

E-MAIL ADDRESS: _____ SOCIAL SECURITY NUMBER: _____

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 also performed interpreting services for U.S. Probation, FPD, or a CJA Attorney _____
on this date, as follows: _____ (signature of Interpreter)

FEE SCHEDULE (Effective 10/1/2015)		MILEAGE RATE*:
CERTIFIED: Full Day = \$418 Half Day = \$226 Overtime = \$ 59 / hour	NON-CERTIFIED: Full Day = \$202 Half Day = \$111 Overtime = \$ 35 / hour	57.5 Cents per mile (.575 / mile)

* As of May 1, 2005, mileage, parking fees and tolls 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 CRD: _____ 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.