Court Interpreter Invoice for Services
United States District Court
Northern District of New York

Interpreter Name: _____ S.S./Tax I.D.#: _____

Vendor Number: _____ Invoice Number: _____

Telephone: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____ Court Location: _____

Certified ☐   Professionally Qualified ☐   Language Skilled ☐

Language: Spanish ☐ or Other (Please Specify) _____

Was this a remote court proceeding over video?   ☐ Yes   ☐ No

Date	In Court Hours Begin	In Court Hours End	Name of Presiding Judge	Case Number	Type of Proceeding	Defendant Name

Fee Schedule *(Effective 1/01/2023)*
Full Day: $566 Certified / $495 Prof Qual / $350 Lang Skill
Half Day: $320 Certified / $280 Prof Qual / $190 Lang Skill
Overtime: $80/hr Certified / $70/hr Prof Qual / $44/hr Lang Skill

Fee (Full Day)   x   Days =
Fee (Half Day)   x   ½ Days =
Overtime   x   Hours =
Sub Total:

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 another Court unit on this date.**
Other Court Unit: _____

Signature of Interpreter: _____

Date: _____

Mileage: miles @   per mile =

*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.

Parking Fees:

Total of Itemized Expenses:

Grand Total:

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. **Rev. 05/23**

**See Angela Topa for updates to this form.