

**U.S. District Court for the Northern District of Illinois
INTERPRETER'S INVOICE**

Date of Service: _____

Time In (Office Arrival Time): _____

Time Out (Office Departure Time): _____

FOR OFFICE USE ONLY			
VERIFIED BY	DATE	CHECKED BY	DATE

Amount Claimed: \$ _____

Posted Case Start Time: _____ Event Type: _____ Event Location: _____

Judge: _____ Case Number and Case Title: _____

Courtroom Arrival Time: _____

Courtroom Departure Time: _____ Services Used: _____ If no, please provide the reason below:

Are the listed attorneys correct? _____

Notes & Next Date/Event Type: _____

Posted Case Start Time: _____ Event Type: _____ Event Location: _____

Judge: _____ Case Number and Case Title: _____

Courtroom Arrival Time: _____

Courtroom Departure Time: _____ Services Used: _____ If no, please provide the reason below:

Are the listed attorneys correct? _____

Notes & Next Date/Event Type: _____

Posted Case Start Time: _____ Event Type: _____ Event Location: _____

Judge: _____ Case Number and Case Title: _____

Courtroom Arrival Time: _____

Courtroom Departure Time: _____ Services Used: _____ If no, please provide the reason below:

Are the listed attorneys correct? _____

Notes & Next Date/Event Type: _____

Posted Case Start Time: _____ Event Type: _____ Event Location: _____

Judge: _____ Case Number and Case Title: _____

Courtroom Arrival Time: _____

Courtroom Departure Time: _____ Services Used: _____ If no, please provide the reason below:

Are the listed attorneys correct? _____

Notes & Next Date/Event Type: _____

Interpreter's 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."

Signature: _____ Date _____

Interpreter's Name: _____ Taxpayer ID: On File Language: _____

Address: _____ Qualification Level: _____

Phone/Email: _____