

**INTERPRETING INVOICE FOR THE U.S. DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY**

Revised Sept. 4, 2018

(TO BE SUBMITTED WITHIN 30 DAYS OF THE ASSIGNMENT)

INTERPRETER'S INFORMATION

Interpreter's Name _____
Payee (If Different) _____ Tax ID Number
Address _____
City _____ State _____ Zip Code _____
Telephone Number _____ Pager/Cell _____

Qualifications (Please mark one of the following):

- Certified by the Administrative Office of the U.S. Courts
- Registry of New Jersey (Indicate the appropriate one): 1M 2J 3C
- Registry of Interpreters for the Deaf (RID). Qualification _____
- Other Please Specify _____

CASE INFORMATION

Case Name/Defendant(s) _____
Case Number _____ Assistant U.S. Attorney's Name _____
Name of Judge/Magistrate Judge _____

SERVICES RENDERED ("Half-day" is defined as 0-4 hours, regardless of time of day. "Full-day" is defined as 4-8 hours, regardless of time of day)

Date _____ Time Hired For _____ Full Day Half Day Hourly Start _____ Finish _____
Languages: English and Type of Proceeding _____
 In Court Out of Court Both Place of Proceeding _____

Mileage, parking, public transportation, etc. can be only claimed if **ONE WAY** travel reaches or exceeds thirty (30) miles or travel is from outside NJ or travel is to a location other than the courthouses in Camden, Newark, or Trenton.

****Receipts MUST BE INCLUDED for reimbursement of travel expenses.****

Mileage: # of Miles _____ x \$0.56= _____ Fee for Services
* Tolls (if any) _____ Total Travel Expenses
* Parking _____ **TOTAL DUE**
* OR Public Transportation _____

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 THIS TO BE TRUE AND ACCURATE.

Date _____ Signature _____

Mail to: United States District Court, MLK Bldg., 50 Walnut Street, Newark, NJ 07101, ATTN: Irene Caramuta or fax to 973-645-4431 or e-mail to NJD3-Interpreters@njd.uscourts.gov.