

**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 \$0.70 = _____	Fee for Services <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>
* Tolls (if any) _____	* Lodging _____
* Parking _____	* M&IE _____
* OR Public Transportation _____	<b>TOTAL DUE</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>

Total Travel Expenses

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](mailto:NJD3-Interpreters@njd.uscourts.gov).