

INTERPRETER WORKSHEET FOR OUT-OF-COURT SERVICES (ATTORNEY /CLIENT COMMUNICATION)

Provider's Name: _____

Page _____ of _____ pages submitted with fee statement summary

County:			Case Number:			Client's Name:
Date	Start Time	End Time	Interpretation Time	Travel Time	Number of Miles	Printed Name of Counsel/Designee
						Signature of Counsel/Designee*
County:			Case Number:			Client's Name:
Date	Start Time	End Time	Interpretation Time	Travel Time	Number of Miles	Printed Name of Counsel/Designee
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TOTALS THIS PAGE:						

*By signing this fee statement, assigned counsel for the client, or the assigned counsel's designee, certifies that the information on this form pertaining to the services provided by the interpreter for counsel's client is accurate.