

**PUBLIC DEFENSE INTERPRETER'S FEE STATEMENT SUMMARY  
FOR OUT-OF-COURT ATTORNEY/CLIENT COMMUNICATION**

(The fee statement for non-routine expenses is included in the preauthorization for such expenses.)

**INSTRUCTIONS:** Complete one summary and worksheet(s) for each county.

**Section 1: Provider Information:** Enter all Provider information. Enter an OPDS issued Vendor number or use your Employer Identification Number. Do NOT use your Social Security Number.

**Section 2 : Billing Information calculation:**

- Interpretation Time: From worksheet, total Interpretation time for all sections.
- Mileage is paid at the OPDS guideline rate.
- Travel Fee Hours: (Mileage quantity being claimed X 1.2) / 60 = Travel Fee hours.
- Travel Fee Rate: (Interpretation Rate) / 2 = Travel Fee Rate.

**Worksheet Instructions:**

- Complete one section for each client for whom services were provided.
- Enter actual start and end times, even if a 1-hour minimum is claimed.
- All time should be entered in hundredths (6 minute increments) and may be rounded up to the nearest tenth.
- Travel time may be claimed in addition to the 1-hour minimum for interpreter services.
- Transfer the total amounts claimed from the worksheet(s) to the Interpreter's Fee Statement Summary.

**1. PROVIDER INFORMATION**

Provider's Name \_\_\_\_\_ Vendor #/EIN \_\_\_\_\_  
(vendor # provided by OPDS)

Mailing Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

**2. BILLING INFORMATION**

For cases filed in the county of \_\_\_\_\_ (Complete one summary for each county)

Number of detail pages submitted with this summary: \_\_\_\_\_

For interpreter services for the period: \_\_\_\_\_ to \_\_\_\_\_

<u>Code</u>	<u>Description</u>	<u>Hours or Quantity</u>	<u>Rate</u>	<u>Amount Billed</u>	<u>PDSC Use Only Amount Approved</u>
4613	Interpretation Fees				
4636	Mileage - Round to the nearest whole #.				
4683	Travel Fees (1.2 minutes per mile at .5 of hourly Interpretation fee rate)				
			Total		

**I certify that the information above is true. I have not received and will not accept direct or indirect compensation for these services other than as approved by PDSC or authorized by contract.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email completed form and supporting documentation to: [accounts.payable@opds.state.or.us](mailto:accounts.payable@opds.state.or.us)

Or mail to: Office of Public Defense Services  
1175 Court Street NE  
Salem, OR 97301

Or fax to: (503) 378-4463

*For more information regarding policies, procedures and guideline rates, visit the OPDS website at  
[www.oregon.gov/OPDS/CBS/pages/paymentpolicy.aspx](http://www.oregon.gov/OPDS/CBS/pages/paymentpolicy.aspx)*