

**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      Or fax to: (503) 378-4463  
Attn: Accounts Payable  
198 Commercial St SE, Ste 205  
Salem, OR 97301

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

## INTERPRETER WORKSHEET FOR OUT-OF-COURT ATTORNEY/CLIENT COMMUNICATION

**(use a separate worksheet for each different county)**

*All information must be filled out completely and submitted with a fee statement summary*

Provider's Name: \_\_\_\_\_

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County:			Case Number:		Client's Name:
Date	Start Time	End Time	Interpretation Time	Number of Miles (Round to the nearest whole #.)	Printed Name of Counsel/Designee
					Signature of Counsel/Designee*
County:			Case Number:		Client's Name:
Date	Start Time	End Time	Interpretation Time	Number of Miles (Round to the nearest whole #.)	Printed Name of Counsel/Designee
					Signature of Counsel/Designee*
County:			Case Number:		Client's Name:
Date	Start Time	End Time	Interpretation Time	Number of Miles (Round to the nearest whole #.)	Printed Name of Counsel/Designee
					Signature of Counsel/Designee*
County:			Case Number:		Client's Name:
Date	Start Time	End Time	Interpretation Time	Number of Miles (Round to the nearest whole #.)	Printed Name of Counsel/Designee
					Signature of Counsel/Designee*
<b>TOTALS THIS PAGE:</b>					

\*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.