

UNITED STATES DISTRICT COURT, Western District of Tennessee

INTERPRETER'S TIME & ATTENDANCE CERTIFICATION

TO: Clerk of the Court, TNWD

PAYEE Name, Address & Social Security Number:

I request payment for Interpreter Services Performed before:

(Name & Title of Presiding Judicial Officer)

Person requiring service:

Defendant Witness

EIN:/SSN:

IN THE CASE OF:

Arrival: @ : a.m./p.m.

United States of America vs.

Departure: @ : a.m./p.m.

Case(s) No(s):

ITEMIZATION OF SERVICES & COSTS (For Use by LOCAL Interpreters ONLY)

Table with columns: Date(s), Number of 1/2 Day(s), Full Day(s), Daily Cost, Daily Parking, Mileage, Overtime, TOTAL COST

\*\*\* NOTE: OUT-OF-TOWN INTERPRETERS ARE TO SUBMIT A SEPARATE INVOICE\*\*\*

The following information is provided in support of the above-claimed services:

LANGUAGE:

Interpreter is / has been: A/O Certified Professionally Qualified Language Skilled / Non-Certified Under National Contract Fingerprinted

Type of Interpretation: Simultaneous Consecutive Summary

Type of Proceeding: Trial Other:

CERTIFICATION OF INTERPRETER:

I hereby certify that I rendered the services described herein, that said services were rendered in accordance with the Contract Court Interpreter Services Terms and Conditions, and that no other federal court unit, Federal Public Defender, Community Defender Organization, or other attorneys or entities obtaining interpreting services under the CJA or the Defender Services appropriation has been or will be billed for the same period of service or travel expenses.

BY:

Date: / / 20

CERTIFICATION OF ATTENDANCE: (by Case Manager to Presiding Judicial Officer or Designated Authority)

BY:

(Signature of Certifying Official(s))

(Print Name(s))

Date: / / 20

(Title(s))

ACCEPTED AS TO SERVICES:

See Attached Invoice/Confirmation Charge to U.S. Probation

TOTAL AMOUNT: \$

BY:

(Supervisor, Case Managers)

Date: / / 20