

**INTERPRETER ATTENDANCE RECORD**

for DAILY USE ONLY

Revised 02-2022

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 SOC SEC NO: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 CONTRACT/BPA # \_\_\_\_\_

**Presiding Official:** THE HONORABLE \_\_\_\_\_  
 U.S. District Judge \_\_\_ Magistrate Judge \_\_\_  
 LANGUAGE: \_\_\_\_\_  
 (Spanish, Navajo, Haitian-Creole): CERTIFIED \_\_\_ or LANGUAGE SKILLED \_\_\_  
 All other languages:  
 PROFESSIONALLY QUALIFIED \_\_\_ or LANGUAGE SKILLED \_\_\_

DATE	CASE NUMBER	CASE NAME	TYPE OF HEARING	START TIME	COMPLETION TIME	BILLABLE TIME	AMT OF SERVICES CLAIMED

<u>TRAVEL TIME</u>		DEPARTED	ARRIVED				
RESIDENCE to COURTHOUSE	_____	_____	_____				
COURTHOUSE to RESIDENCE	_____	_____	_____				
<u>TRAVEL EXPENSES</u>							
TOTAL NUMBER OF MILES	_____ x _____ cents =	_____	_____	TOTAL SERVICES CLAIMED: _____			
OTHER EXPENSES				TOTAL TRAVEL EXPENSES: _____			
Tolls: _____	TOTAL OTHER EXPENSES: _____			GRAND TOTAL: _____			
Parking: _____							
Other: _____	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.

Interpreter's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Falsification of an item in an expense account causes a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; id. 1001).

**TO BE COMPLETED BY CASE MANAGEMENT DEPUTY OR PROBATION OFFICER:**

This is to certify that \_\_\_\_\_ did interpret on \_\_\_\_\_, as stated in the above attendance record and did perform the functions as set forth in the Order entered in this cause.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name at \_\_\_\_\_, Indiana, on \_\_\_\_\_.

\_\_\_\_\_  
 Signature Title