

**INTERPRETER ATTENDANCE RECORD**

**for DAILY USE ONLY**

NAME: \_\_\_\_\_

Presiding Official: THE HONORABLE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

U. S. District Judge  Magistrate Judge

LANGUAGE: \_\_\_\_\_

(Spanish, Navajo, Haitian-Creole) : CERTIFIED \_\_\_\_\_ or LANGUAGE SKILLED \_\_\_\_\_

SOC. SEC. NO.: \_\_\_\_\_

All other languages:

TELEPHONE: \_\_\_\_\_

PROFESSIONALLY QUALIFIED \_\_\_\_\_ or LANGUAGE SKILLED \_\_\_\_\_

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

**TRAVEL TIME**

RESIDENCE to COURTHOUSE \_\_\_\_\_ DEPARTED \_\_\_\_\_ ARRIVED \_\_\_\_\_

COURTHOUSE to RESIDENCE \_\_\_\_\_

**TRAVEL EXPENSES**

TOTAL NUMBER OF MILES: \_\_\_\_\_ x \_\_\_\_\_ cents = \_\_\_\_\_

OTHER EXPENSES:

Tolls \_\_\_\_\_ Total Other Expenses: \_\_\_\_\_

Parking \_\_\_\_\_

Other \_\_\_\_\_ TOTAL TRAVEL EXPENSES: \_\_\_\_\_

**TOTAL SERVICES CLAIMED:** \_\_\_\_\_

**TOTAL TRAVEL EXPENSES:** \_\_\_\_\_

**GRAND TOTAL:** \_\_\_\_\_

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

**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 \_\_\_\_\_