

UNITED STATES DISTRICT COURT FOR THE NORTHERN MARIANA ISLANDS
PAYMENT VOUCHER FOR CONTRACT COURT INTERPRETER SERVICES

SERVICES PROVIDED FOR				
CASE NUMBER	<div style="text-align: right; margin-bottom: 5px;">CASE TITLE</div> UNITED STATES OF AMERICA VS. _____ _____ INTERPRETATION FOR _____ <div style="display: flex; justify-content: space-between;"> (Language) (Name of Defendant / Witness) </div>			
COURT PROCEEDING (S)		U.S. PROBATION AND PRETRIAL SERVICES OFFICE		
<input type="checkbox"/> INITIAL APPEARANCE <input type="checkbox"/> PRELIMINARY HEARING <input type="checkbox"/> DETENTION HEARING <input type="checkbox"/> ARRAIGNMENT <input type="checkbox"/> CHANGE OF PLEA HEARING		<input type="checkbox"/> MOTION HEARING <input type="checkbox"/> JURY SELECTION / TRIAL <input type="checkbox"/> SENTENCING <input type="checkbox"/> PROBATION REVOCATION <input type="checkbox"/> OTHER		<input type="checkbox"/> PRETRIAL INTERVIEW <input type="checkbox"/> PRESENTENCE INTERVIEW <input type="checkbox"/> SUPERVISION PROCESSING
DATE	START TIME	END TIME	HOURS	AMOUNT
TOTAL AMOUNT CLAIMED ----- >				
COMPENSATION RATE				
DESCRIPTION	FULL DAY	HALF DAY	OVERTIME	NOTE:
PROFESSIONALLY QUALIFIED INTERPRETERS ¹	\$495.00	\$280.00	\$70.00	The half-day rate is paid for services up to and including four (4) hours in one day; the full-day rate is paid for services in excess of four hours up to and including eight (8) hours in one day; the overtime hourly rates apply if the workday exceeds eight hours, not including meal periods.
LANGUAGE SKILLED (NON-CERTIFIED) INTERPRETERS	\$350.00	\$190.00	\$44.00	
SERVICES PROVIDED BY				
NAME	SOCIAL SECURITY NUMBER XXXX - XX -		CELLPHONE NUMBER	EMAIL ADDRESS
MAILING ADDRESS			CITY, STATE AND ZIP CODE	
I hereby certify that I rendered the services described herein, that said services were rendered in accordance with the Contract for 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 related statutes for any services rendered have been or will be billed for the same period of service or travel expenses.				
_____ SIGNATURE			_____ DATE	

FOR OFFICIAL USE ONLY		
REVIEWING OFFICER		
ADJUSTED TIME	ADJUSTED AMOUNT	REASON FOR ADJUSTMENT
REVIEWING OFFICER NAME	REVIEWING OFFICER SIGNATURE	DATE
APPROVING OFFICER		
APPROVING OFFICER NAME	APPROVING OFFICER SIGNATURE	DATE
ACCOUNTING CLASSIFICATION	OBLIGATION DOCUMENT #	JIFMS PAYMENT VOUCHER #
CERTIFYING OFFICER		
CERTIFYING OFFICER NAME	CERTIFYING OFFICER SIGNATURE	DATE

¹ Certification of an interpreter is authorized by the Administrative Office of the U.S. Courts in Washington, DC.