

**UNITED STATES DISTRICT COURT - DISTRICT OF NEBRASKA**  
**LANGUAGE-SKILLED INTERPRETERS STATEMENT OF SERVICES**

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INTERPRETER NAME \_\_\_\_\_ INVOICE NUMBER \_\_\_\_\_  
FIRM NAME (Payee if different) \_\_\_\_\_ PURCHASE ORDER NUMBER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ SOC SEC/TAX ID (Payee) \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ PHONE/E-MAIL \_\_\_\_\_

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LANGUAGE \_\_\_\_\_ DATE \_\_\_\_\_ TIME (from) \_\_\_\_\_ (to) \_\_\_\_\_ HOURS \_\_\_\_\_  
CASE NUMBER(s) \_\_\_\_\_ DEFENDANT(s) \_\_\_\_\_  
TYPE OF PROCEEDING \_\_\_\_\_ JUDGE \_\_\_\_\_  
COURT UNIT \_\_\_\_\_  
(i.e., District / Probation and Pretrial Services)

LANGUAGE \_\_\_\_\_ DATE \_\_\_\_\_ TIME (from) \_\_\_\_\_ (to) \_\_\_\_\_ HOURS \_\_\_\_\_  
CASE NUMBER(s) \_\_\_\_\_ DEFENDANT(s) \_\_\_\_\_  
TYPE OF PROCEEDING \_\_\_\_\_ JUDGE \_\_\_\_\_  
COURT UNIT \_\_\_\_\_  
(i.e., District / Probation and Pretrial Services)

**Note:** Interpreting fees are cumulative. Therefore, only one fee (half-day or daily rate) will be paid, even though the interpreter may have worked for more than one officer or court unit in a single day.

Did you interpret for another case/proceeding during the day? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please provide the following information:

Court Unit \_\_\_\_\_ Defendant Name \_\_\_\_\_ Case Number \_\_\_\_\_ Time (from) \_\_\_\_\_ (to) \_\_\_\_\_ Hours \_\_\_\_\_  
Court Unit \_\_\_\_\_ Defendant Name \_\_\_\_\_ Case Number \_\_\_\_\_ Time (from) \_\_\_\_\_ (to) \_\_\_\_\_ Hours \_\_\_\_\_

**INTERPRETING FEES:**

Half Day: (4 hours or less - \$190); Full Day: (more than 4 hours - \$350) TOTAL HOURS \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_

[new rates effective 01/01/2023]

**TRAVEL EXPENSES (if applicable)**

Parking: \$ \_\_\_\_\_  
Mileage: \_\_\_\_\_ miles\* @ \$0.70 per mile = \$ \_\_\_\_\_  
Other: Description: \_\_\_\_\_ \$ \_\_\_\_\_ TOTAL TRAVEL \$ \_\_\_\_\_

**Note:** Travel expenses are authorized only for a minimum of 30 miles one-way from interpreter's residence to service location.

*I certify that no other federal court unit, federal public defender, community defender organization, or other attorneys or entities obtaining interpreting services under the CJA or related statutes has been or will be billed for the services I have rendered during the same half-day or full-day, the same period of service, any cancellation, or for my travel expenses pursuant to the contract.*

**TOTAL AMOUNT CLAIMED \$ \_\_\_\_\_**

SIGNATURE OF INTERPRETER \_\_\_\_\_ DATE \_\_\_\_\_

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APPROVED BY - STAFF INTERPRETER \_\_\_\_\_ DATE \_\_\_\_\_

**MAIL or DELIVER STATEMENT TO:**

U.S. District Court - District of Nebraska  
Shared Administrative Services  
111 S. 18<sup>th</sup> Plaza, Suite 1152  
Omaha, NE 68102-1322