

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

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 _____

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* @ \$0.655 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 _____

APPROVED BY - STAFF INTERPRETER _____ DATE _____

MAIL or DELIVER STATEMENT TO:

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