

**FOREIGN LANGUAGE INTERPRETER  
CLAIM FOR FEES AND EXPENSES**

MAIL TO:  
State Comptroller's Office  
ATTN: Interpreter Claims  
100 No. Union Street  
RSA Union Bldg, Suite 216  
Montgomery, AL 36130

**APPOINTED INTERPRETER INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
SSN/FEIN \_\_\_\_\_ AOC Registration No: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Office/Cell) \_\_\_\_\_

**COURT INFORMATION**

**COUNTY** \_\_\_\_\_ **CASE NO.** \_\_\_\_\_ **JUDGE** \_\_\_\_\_

**COURT:**  Juvenile  District  Circuit  Appellate **TELEPHONE:** \_\_\_\_\_

**PROCEEDING:**  JUVENILE PROCEEDING OR  CRIMINAL PROCEEDING

**SERVICE PROVIDED TO:**  DEFENDANT  JUVENILE  WITNESS

**Foreign Language**

**INTERPRETER FEE FOR COURT TIME**

Date	Time IN	Time OUT	TOTAL TIME		RATE/HR	TOTAL
_____	_____	_____	_____	x	_____	= \$ _____
_____	_____	_____	_____	x	_____	= \$ _____
_____	_____	_____	_____	x	_____	= \$ _____
<input type="checkbox"/> (Additional time is attached)					<b>TOTAL FEE</b>	<b>\$ _____</b>

**TRAVEL/EXPENSES**

(1) Date \_\_\_\_\_ Miles \_\_\_\_\_ (2) Date \_\_\_\_\_ Miles \_\_\_\_\_ (3) Date \_\_\_\_\_ Miles \_\_\_\_\_

(Additional travel is attached) **TOTAL MILES** \_\_\_\_\_ **X \$ .575** = \$ \_\_\_\_\_

(Approved expenses are attached) \$ \_\_\_\_\_ **TOTAL EXP.** \$ \_\_\_\_\_

**TOTAL CLAIM (TOTAL FEE + TOTAL EXPENSES)** \$ \_\_\_\_\_

**CERTIFICATION AND APPROVAL**

I, the undersigned, as appointed foreign language interpreter, certify that the above claim is true and correct and due to be paid pursuant to Ala. Code (1975) §15-1-3.

\_\_\_\_\_  
**Signature of Appointed Interpreter**

\_\_\_\_\_  
**Date**

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Notary Public**

I, the undersigned, as appointing authority, certify that the above interpreter was duly appointed, and is entitled to be paid the above Total Claim Amount pursuant to Ala. Code (1975) §15-1-3.

\_\_\_\_\_  
**Signature of Judge/Appointing Authority**

\_\_\_\_\_  
**Date**

**FOREIGN LANGUAGE INTERPRETER  
 ADDITIONAL FEES AND EXPENSES**

**APPOINTED INTERPRETER INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**COURT INFORMATION**

COUNTY \_\_\_\_\_ CASE NO. \_\_\_\_\_ JUDGE \_\_\_\_\_

**ADDITIONAL INTERPRETER FEE FOR COURT TIME**

Date	Time IN	Time OUT	TOTAL TIME		RATE/HR	TOTAL
_____	_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	_____	X	_____	= \$ _____
_____	_____	_____	_____	X	_____	= \$ _____
<b>ADDITIONAL TOTAL</b>						<b>\$ _____</b>

**INCLUDE THIS WHEN COMPUTING YOUR TOTAL INTERPRETER FEE FOR COURT TIME ON PAGE 1**

**ADDITIONAL TRAVEL**

(4) Date \_\_\_\_\_ Miles \_\_\_\_\_ (5) Date \_\_\_\_\_ Miles \_\_\_\_\_ (6) Date \_\_\_\_\_ Miles \_\_\_\_\_  
 (7) Date \_\_\_\_\_ Miles \_\_\_\_\_ (8) Date \_\_\_\_\_ Miles \_\_\_\_\_ (9) Date \_\_\_\_\_ Miles \_\_\_\_\_  
 (10) Date \_\_\_\_\_ Miles \_\_\_\_\_ (11) Date \_\_\_\_\_ Miles \_\_\_\_\_ (12) Date \_\_\_\_\_ Miles \_\_\_\_\_  
 (13) Date \_\_\_\_\_ Miles \_\_\_\_\_ (14) Date \_\_\_\_\_ Miles \_\_\_\_\_ (15) Date \_\_\_\_\_ Miles \_\_\_\_\_

**ADDITIONAL TOTAL MILES** \_\_\_\_\_ X \$ .575 = \$ \_\_\_\_\_

**INCLUDE THIS WHEN COMPUTING YOUR TOTAL TRAVEL EXPENSES ON PAGE 1**

**COMPLETE THIS ATTACHMENT WHEN REQUIRED**