

**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)					TOTAL FEE	\$ _____

TRAVEL/EXPENSES

(1) Date _____ Miles _____ (2) Date _____ Miles _____ (3) Date _____ Miles _____

(Additional travel is attached) **TOTAL MILES** _____ **X \$ _____ = \$ _____**

(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	_____	= \$ _____
ADDITIONAL TOTAL						\$ _____

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 \$ _____ = \$ _____

INCLUDE THIS WHEN COMPUTING YOUR TOTAL TRAVEL EXPENSES ON PAGE 1

COMPLETE THIS ATTACHMENT WHEN REQUIRED