

## 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 277  
Montgomery, AL 36130

### APPOINTED INTERPRETER INFORMATION

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

STAARS Vendor Code # \_\_\_\_\_ Email \_\_\_\_\_

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"/> <b>(Additional time is attached)</b>						<b>TOTAL FEE</b> \$ _____

### TRAVEL/EXPENSES

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

**(Additional travel is attached)** **TOTAL MILES** \_\_\_\_\_ **X \$ .67** = \$ \_\_\_\_\_

**(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**

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 \$.67 \$ \_\_\_\_\_**

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

**COMPLETE THIS ATTACHMENT WHEN REQUIRED**