



STATEMENT FOR
INTERPRETING SERVICES

Commonwealth of Kentucky
Court of Justice www.courts.ky.gov

Invoice No. _____
Service Date: _____
_____ of _____ (invoice(s) continued)
Certification No. _____
[] Visual [] Spoken

Language Interpreted _____ Dialect of the Language _____

Interpreter's Name _____ Portal Address (if different from billing address) _____
Billing Address _____

SSN No. or Fed. ID No. _____ Phone Number _____

AOC Internal Use Only Org/ Suborg _____ Function _____ Rept Cat _____ Activity _____
Subtotal _____ Miles _____ Grand Total _____ Initials _____

Total # of Cases: _____ [] Check if billing for a 24 Hour Cancellation or a No Show
Total Interpreting Time _____ x \$ _____ (Uniform Payment Rate) = \$ _____ (+)
Total Parking (Attach receipt(s) to Invoice): \$ _____ (+)
Total Other Expenses (Attach receipt(s) to Invoice) : \$ _____ (+)
Travel Time and mileage can be billed if traveling outside of your County Subtotal: \$ _____ (=)
Total travel time _____ X \$ _____ (Uniform Payment Rate for travel) = \$ _____ (+)
Odometer reading (Start _____ End _____)
Total Mileage \$ _____ (cents) x _____ (miles) = \$ _____ (+)
GRAND TOTAL: \$ _____ (=)

INVOICE(S) SHALL BE SUBMITTED WITHIN 7 DAYS OF THE SERVICE BEING PROVIDED. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN DELAY.

I hereby state the information provided on this form and the payment requested is true to the best of my knowledge. Each charge is supported by relevant orders and receipts. **NO OTHER INVOICE HAS BEEN SUBMITTED FOR THESE SERVICES.**
Date: _____, 2_____. _____ Interpreter Signature

Services Continued to _____ (County Name) and _____ (Invoice number).
Services Continued from _____ (County name) and _____ (Invoice number).
Team Interpreting _____ (Name of person you Interpreted with).

VERIFICATION OF APPOINTING/REQUESTING AUTHORITY
[] Party(s) [] Witness(es) [] Juror(s) being [] deaf/hard of hearing [] unable to speak the English language, and the assistance of an interpreter being required for [] **court proceeding** OR
[] **direct services** to the court/circuit clerk/AOC, the charges incurred in the above case(s) are approved for payment.

Print Name of Requesting Authority Signature of Appointing/Requesting Authority:
County: _____ [] Presiding Judge [] Chief Judge
[] Circuit Clerk [] AOC Manager
Date: _____, 2_____. [] COJ Designee (Title) _____

