
 (Plaintiff / Petitioner)

v.

Case No. _____

 (Defendant / Respondent)

INVOICE FOR INTERPRETER OR TRANSLATION SERVICE

Interpreter / Translator Name: _____ Social Security / F.E.I.N. # _____

 (address)

Check appropriate box: interpreter for person who is deaf or hard-of-hearing, **AND/OR**
 interpreter or translator for person who speaks a foreign language

HOURS: Rate¹ Set Forth in Order of Appointment is \$ _____

Dates:	Hours @ Rate 1*	Hours @ Rate 2*	Hours @ Rate 3*	Total	
	hrs. x \$	hrs. x \$	hrs. x \$		
	hrs. x \$	hrs. x \$	hrs. x \$		
	hrs. x \$	hrs. x \$	hrs. x \$		Subtotal
	hrs. x \$	hrs. x \$	hrs. x \$		\$

EXPENSES:

Dates:	Mileage	Meals	Lodging	Total	
	miles @ \$				
	miles @ \$				
	miles @ \$				Subtotal
	miles @ \$				\$

- *Rates: 1 - Hourly rate set forth in Order of Appointment
- 2 - Hourly rate set forth in Order of Appointment plus additional \$5 per hour for interpreting in excess of 1 hr. without a team interpreter
- 3 - Hourly rate set forth in Order of Appointment plus additional \$3 per hour for weekend hours

TOTAL
 \$

I hereby certify all the above information to be true and that I have not previously billed another source or received payment for the charges set out above. Further, I hereby certify that the above is a true and accurate statement of services performed and of reasonable and necessary expenses actually incurred.

 (Date)

 (Signature of Interpreter or Translator)

 (Signature of Judge)

¹NOTICE: The Administrative Office policy is that the fees for interpreters for a person who is hearing impaired may not exceed the minimum fee chart set forth in the Commission for the Deaf and Hard of Hearing Rules without prior approval from the Administrative Office. The hourly fee for a foreign language interpreter or translator is fixed by order of the appointing court. Reimbursement for reasonable and necessary expenses may not exceed the rates allowed in § 10.2(A)(2) of the *West Virginia Judicial Personnel System Manual*.