

Fee Itemization Form and Court Order Approving Claim for Court Interpreter Services¹ [9-4-14]

Interpreters: For instructions on getting paid, go to: www.iowacourts.gov/Administration/Court_Interpreters/Court_Interpreter_Compensation/

- A. INTERPRETER INFO:** 1. Name [1st]: _____ [last]: _____
2. Mail address: _____ City: _____ State: _____ Zip code: _____
3. County of residence: _____ 4. State vendor #: _____
5. Work phone #: _____ 6. Fax #: _____ 7. Email: _____
8. Language: _____ 9. Classification: **A:** Certified, **B:** Noncertified, **C:** Noncert./on Roster, Not on Roster
10. List the item numbers (above) that have changed since your previous fee claim: _____

- B. CASE INFO:** 1. County: _____ 2. Case # [letters & numbers]: _____
3. Case title: _____ vs. _____
4. Name of person(s) for whom I interpreted (if a juvenile: initials only): _____
- This person was a: Crim. defendant, Civil party, Prosecutor's witness, Other witness, Juvenile, Parent/guardian, Other
5. Name of the attorney you worked with (if any): _____, Phone #: _____
6. Last name of the judge who presided in court or ordered a written translation (C.9, below): _____

C. DATE, TIME & LOCATION: Separate row for each AM & PM session				TIME SPENT on this case: [Report time to nearest tenth of an hour]					
1. Date: Mo / Day / Yr	2. Start time Fill in time:	3. End time Fill in time:	4. Location*	5. Interpreting	6. Waiting ¹	7. Traveling ¹	8. Canceled time**	9. Written translation**	10. Row total [hrs]
/ /20	<input type="checkbox"/> a/ <input type="checkbox"/> p	<input type="checkbox"/> a/ <input type="checkbox"/> p							
/ /20	<input type="checkbox"/> a/ <input type="checkbox"/> p	<input type="checkbox"/> a/ <input type="checkbox"/> p							
/ /20	<input type="checkbox"/> a/ <input type="checkbox"/> p	<input type="checkbox"/> a/ <input type="checkbox"/> p							
/ /20	<input type="checkbox"/> a/ <input type="checkbox"/> p	<input type="checkbox"/> a/ <input type="checkbox"/> p							
11. TOTAL:									

* Location: **CR** = Courtroom, **CHO** = Courthouse (not CR), **AO** = Attorney's office, **J** = Jail, **OT** = Other: _____

** If claiming time for a written translation, cancellation, or minimum time, ¹ explain:

- D. FEES & EXPENSES** 1. Hourly fee: \$ _____ [A fee higher than the std fee² must be approved in the Order Appointing an Interpreter.]
2. Miles traveled: _____ Round-trip miles – if claiming travel time (C.7), but only for travel outside interpreter's county of residence.¹
- | | | |
|--------------------------------------|----|---|
| 3. Fee for time..... | \$ | Multiply hourly fee (D.1) times the total hours spent on this case (C.11) |
| 4. Parking costs ¹ | \$ | |
| 5. Other expenses ³ | \$ | |
| 6. Total amount claimed: | \$ | |
- Up to \$15 per day without receipts.
- Explain: _____
- Sum of D3 + D4 + D5

E. INTERPRETER CERTIFICATION: I, the undersigned interpreter, certify that the information above is true and correct.

Interpreter's signature: _____ Date: ____ / ____ /20__

F. COURT ORDER: The court hereby approves the amount below as the maximum compensation for the services identified in section C. (above), and the fee shall be paid by the office specified in the Order Appointing a Court Interpreter in this case.

\$ _____ Judge's signature: _____ Date: ____ / ____ /20__

- 1 See: Administrative Directive on Court Interpreter Compensation at: www.iowacourts.gov/Administration/Court_Interpreters/
- 2 Standard hourly fees: **Class: A (Certified) = \$55** [Oral]/ **\$70** [Sign]; **Class B = \$45; Class C (on the Roster) = \$40; Not on the Roster = \$25.**
- 3 Meals, lodging, mileage require prior written approval by judge or SPD.¹

Clerk Certification: