



**SUPERIOR COURT
INTERPRETER SERVICES INVOICE**

JURY INVOICE

NAME		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER ____ _		LANGUAGE	
STREET ADDRESS		TELEPHONE NUMBER		CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	REGISTERED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE	ZIP CODE		IS THIS A NEW ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SERVICE LOCATION: SEATTLE <input type="checkbox"/> KENT <input type="checkbox"/>	EMPLOYER: <input type="checkbox"/> SELF <input type="checkbox"/> OTHER: <input type="checkbox"/>
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DATE	JUROR NAME	NAME OF JUDGE OR ROOM NUMBER	APPROVAL	START TIME	FINISH TIME	<i>DO NOT WRITE IN SHADED AREAS</i>
COMMENTS:						TOTAL HOURS:
						TOTAL PAYMENT:

INTERPRETER CERTIFICATION

I hereby certify, under penalty of perjury, that this is a true and correct claim for interpreter services provided by me on behalf of King County and that no payment for these services has been received by me to date.

SIGNATURE: _____ Your Invoice Tracking Code DATE: _____

**INVOICES NOT SUBMITTED WITHIN 30 DAYS WILL BE SUBJECT TO A 10% REDUCTION.
INVOICES MORE THAN 6 MONTHS LATE WILL NOT BE PAID.**

PLEASE MAIL TO:
KING COUNTY SUPERIOR COURT
ATTN: **Gary Cutler**
516 THIRD AVENUE - ROOM C-203
SEATTLE, WA 98104

**PLEASE MAKE A COPY
FOR YOUR OWN RECORDS
BEFORE YOU MAIL THIS FORM.**

FOR BUDGET DEPARTMENT USE ONLY