King County

SUPERIOR COURT INTERPRETER SERVICES INVOICE

PROBATION

NAME	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER ___ ___ ___ ___	LANGUAGE
STREET ADDRESS	TELEPHONE NUMBER	CERTIFIED? ☐ Yes ☐ No / REGISTERED? ☐ Yes ☐ No
CITY	STATE	MUST INCLUDE ZIP CODE → ← / IS THIS A NEW ADDRESS? ☐ Yes ☐ No

CASE TYPE (Only One Case Type Per Invoice)
- ☐ CRIMINAL
- ☐ CIVIL – FAMILY LAW
- ☐ CIVIL – OTHER

SERVICE LOCATION (Only One Per Invoice)
SEATTLE ☐ KENT ☐

JUVENILE HEARINGS ONLY
☐ IN COURT ☐ OUT OF COURT
☐ OFFENDER ☐ TRUANCY ☐ DEPENDENCY ☐ ARY ☐ CHINS

DATE	CASE NUMBER	CASE NAME	NAME OF JUDGE / ATTORNEY / LOCATION / ROOM NUMBER	HEARING TYPE	APPROVAL SIGNATURE	START TIME	FINISH TIME	DO NOT WRITE IN SHADED AREAS
							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 MAY BE SUBJECT TO A 10% REDUCTION.
INVOICES MORE THAN 6 MONTHS LATE MAY 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 SUBMITTING THIS FORM

3/23/2010CT

FOR BUDGET DEPARTMENT USE ONLY

04/19/2011 TUE 17:53 FAX 002/002