

**SEATTLE MUNICIPAL COURT  
INTERPRETER SERVICE INVOICE**

(SEE REVERSE SIDE FOR INSTRUCTIONS)

INTERPRETER: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_  
 AGENCY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 LANGUAGE: \_\_\_\_\_  
 STATE CERTIFIED: \_\_\_\_\_  
 Yes # \_\_\_\_\_  No

*Please mail on a weekly basis to:*  
 SEATTLE MUNICIPAL COURT  
 ATTN: Interpreter Coordinator  
 ACCOUNTS PAYABLE DEPARTMENT  
 610 THIRD AVENUE  
 SEATTLE, WA 98104

Voucher must be submitted within 30 days of date of interpreter service rendered or the vouchers may not be honored and paid.  
 1st thru 15th of the month       16th thru 31st of the month

Date	Case Number	Defendant's Name	Type of Hearing	Courtroom # Judge's Name	Time		Number of Hours	Authorized Signature	Amount	
					In	Out				
TOTAL										
TOTAL										

(USE REVERSE FOR OTHER CASES)

**EACH APPEARANCE MUST BE SIGNED BEFORE LEAVING COURTROOM**

*I declare under penalty of perjury that the services indicated hereon were legally required and personally performed by me and the fees therefore are a just and legal charge against the Seattle Municipal Court. Claim is hereby made for interpreting services as itemized above.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PAGE: \_\_\_ OF \_\_\_