

	OAKLAND COUNTY INTERPRETER BILLING STATEMENT AND VERIFICATION	Circuit Court Case Number :
		Date of Service:

Interpreters Name _____

Address: _____ Phone #: _____

Vendor ID #: _____

Language: _____

Case Name: _____

Judge: _____

Where was service rendered: ☐ Circuit Court ☐ Probation ☐ Other _____
 ☐ Probate Court ☐ Juvenile ☐ Jail

Hours of Interpretation

Total Hours **(2 hour Minimum)**

_____ To _____ a.m. _____

_____ To _____ p.m. _____

Circuit Court Use Only
<p>APPROVED \$ _____</p> <p>John L. Cooperrider Deputy Court Administrator</p>

Total Time: _____ **Hours**

I have not received compensation from any source for providing this service. I have no expectation of receiving, nor will I accept any other compensation.

Signature

NOTICE TO INTERPRETER: Before you submit this statement to the Court Administrator's Office for payment, your hours must be verified by one of the judge's staff. Please take this to the court clerk or secretary of the above-named judge for verification. **SUBMIT A SEPARATE FORM FOR EACH DAY OF SERVICE.**

Date

Court Clerk/Secretary

Please return to: Office of the Court Administrator
 Oakland County Circuit Court
 1200 N. Telegraph Road Dept. 404
 Pontiac, MI 48341-0404

Questions call: (248) 858-0603 Fax # (248) 975-9877