

STATEMENT FOR PAYMENT OF INTERPRETERS

For use in Nebraska State courts and probation offices

Questions? Contact 402-471-3398 or nsc.courtservices@nebraska.gov

Date	Name of Court or Probation Office	# of Non-English Speaker Served	Type of Case (Traffic, Criminal, Protection Order, Civil, etc.)	Authorizing Signature (Required for Payment)	Interpreting Time				Travel Time		
					Actual Time Start	Actual Time End	Actual Time Worked	Paid Time	Video / Phone or Travel from to	Total Mileage	Paid Travel Time

Interpreting Time Paid _____ Hours @ (\$50 for Certified, \$35 for Non-Certified) \$ _____

* 0.25 hour (15 minutes) increments for time over the 2-hour minimum.

Travel Time Paid _____ Hours @ (\$40 for Certified, \$28 for Non-Certified) \$ _____

* Only if miles traveled for one day is over 50 miles. Conversion rate is 50 miles = 1 hour.

* Difference between actual and paid interpreting time is deducted from paid travel time.

Mileage Paid _____ Miles @ .545 per mile \$ _____

* Only if miles traveled from starting point to the interpreting site is over 15 miles one way.

Total Amount Claimed \$ _____

For Court Admin Use	Mail to:
Total Pg _____	State Court Administrator ATTN: Interpreter PO Box 98910 Lincoln, NE 68509-8910
I _____	
M _____	
Total _____	

Interpreter Name _____ Circle One: Certified Non-Certified **Language (one language per statement)** _____

Interpreter Payee # (Social Security # if don't know Payee #) _____ **Email** _____ **Phone** _____

Mailing Address (__Check if new address) _____ **City, State, Zip** _____

* Statements must be received by the Court Administrator by the 7th of each month for the same month processing. Please send original statements and keep a copy for your records.

* Statements must be submitted for payment within 6 months of service.

Signature _____

Date _____

Page ____ of ____