

# 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 @ .540 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:
<b>Total Pg</b> _____	State Court Administrator ATTN: Interpreter  PO Box 98910  Lincoln, NE 68509-8910
<b>I</b> _____	
<b>M</b> _____	
<b>Total</b> _____	

**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 \_\_\_\_