



SUPERIOR COURT
INTERPRETER SERVICES INVOICE

JURY INVOICE

NAME		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER ____ _		LANGUAGE	
STREET ADDRESS		TELEPHONE NUMBER		CERTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	REGISTERED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE	MUST INCLUDE ZIP CODE → _____ ←		IS THIS A NEW ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SERVICE LOCATION: SEATTLE KENT EMPLOYER: SELF OTHER:

DATE	JUROR NAME	NAME OF JUDGE OR ROOM NUMBER	APPROVAL	START TIME	FINISH TIME	DO NOT WRITE IN SHADED AREAS

COMMENTS:

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 WILL BE SUBJECT TO A 10% REDUCTION.
INVOICES MORE THAN 6 MONTHS LATE WILL 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 YOU MAIL THIS FORM.**

FOR BUDGET DEPARTMENT USE ONLY