



King County

SUPERIOR COURT INTERPRETER SERVICES INVOICE

INTERPRETER:	LANGUAGE:	
ADDRESS:	REGISTERED?	CERTIFIED?
<input type="checkbox"/> In Court <input type="checkbox"/> Out of Court <input type="checkbox"/> In Person <input type="checkbox"/> VIA Telephone <input type="checkbox"/> VIA Video		

Event Date	Case Number	Customer	Judicial Officer	Event Type	Location	Court Signature	Start Time	End time	DO NOT WRITE IN THIS AREA

COMMENTS & NOTES:	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 Superior Court and that no payment for these services has been received by me to date:

SIGNATURE: _____ DATE: _____

SUBMIT TO:

King County Superior Court
Attn: Gary Cutler
516 Third Avenue, Room C-203
Seattle, WA 98104

COURT USE ONLY

Project	Task	Award	Account	Amount