

CJA INTERPRETER WORKSHEET

DISTRICT OF OKLAHOMA

Interpreter First and Last Name				Attorney First and Last Name			
Language		Type (select one)	Federally Certified \$80.00 per Hour	☐	Date of Service (m/d/yyyy)		
			Professionally Qualified \$60 per Hour	☐			
			Language Skilled \$45 per hour	☐			

Travel Information					
Starting Address	Street Address	City	Travel Start Time		Arrival Time
			am ☐ pm ☐	am ☐ pm ☐	
Destination Address	Street Address	City	Return Travel Start Time		Return Travel End Time
			am ☐ pm ☐	am ☐ pm ☐	

Case Information				
List all defendants for this date in order by conference start time. List Attorney Name assisted for this date. Indicate which case number, defendant and attorney that will be charged the travel time and expenses.				
Case Number	Defendant Name	Attorney Last Name (If multiple attorneys assisted)	Conference Start Time	Conference End Time
			am ☐ pm ☐	am ☐ pm ☐
			am ☐ pm ☐	am ☐ pm ☐
			am ☐ pm ☐	am ☐ pm ☐
			am ☐ pm ☐	am ☐ pm ☐

B. Travel Expenses: If compensable, travel time is billed hourly.

Mileage and Parking Reimbursement								Expenses Claimed	
Mileage	Number of Miles	X	Rate	=	Mileage Total \$	Parking and Tolls	\$	Section B Total Travel Expenses Claimed (Mileage and Parking Combined)	\$
I hereby certify that I rendered the services described herein and that no other federal court unit, Federal Public Defender, Community Defender Organization, other attorney, or other entities obtaining interpreting services under the CJA or the Defender Services appropriation has been or will be billed for the same period of service or travel expenses.								Section A plus Section B total GRAND TOTAL CLAIMED	\$

Interpreter Signature: _____ Date: _____