

# INTERPRETER TIME LOG

NAME OF INTERPRETER:	CREDENTIALS:  <input type="checkbox"/> CERTIFIED <input type="checkbox"/> REGISTERED <input type="checkbox"/> NON-CREDENTIALLED
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COUNTY	COURT	LANGUAGE

SERVICE DATE	NOTE NAME OF: DEFENDANT, PLAINTIFF, WITNESS OR VICTIM	DEFENDANT INDIGENT? YES/NO	CASE NO(s).	CHARGE(S)/CASE TYPE	ACTIVITY	HOURS (IN TENTHS) OR WORDS	EXPENSES	TOTAL PER CASE
COLUMN TOTALS								

I certify that the foregoing represents an accurate, complete statement of time and expenses in connection with the above action or proceedings.

\_\_\_\_\_  
Signature of Interpreter      DATE: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Judge

\_\_\_\_\_  
Signature of Judge      DATE: \_\_\_\_\_

