

Claim ID \_\_\_\_\_

**Interpreter Time-Log Billing - Multi-Defendant**

Form IC-2 (Rev. 2018)

**REQUEST FOR PAYMENT OF INTERPRETER SERVICES PER RULE 42**

Interpreter / Organization Name:		Credentials: <input type="checkbox"/> Certified <input type="checkbox"/> Registered (Check one) <input type="checkbox"/> Non-Credentialed		Hourly Rate:	\$
Payment Address:	Language:				
City:	Zip Code:	Phone:			
Email:					
<b>Court Information</b>					
Service Date:	District:	County:	Court:		

**Interpreter Services | Rule 42 Section 7(a), (c)**

Wait Time in Court for Judge:		Travel Time (round trip), if applicable					
Case No(s).	Defendant/Client			TCA	Activity	Hours (in tenths)	Indigent Y/N?
	First Name	MI	Last Name				
<b>Sub-total Hrs X Hrly Rate</b>				<b>(Include Wait/Travel Time)</b>	<b>Sub-total Hours</b>		

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Please enter mileage, or parking below when applicable.

<b>Expenses   Rule 42 Section 7(b), (d)</b>			
<b>Description</b>	<b>Units</b>	<b>Rate</b>	<b>Total</b>
<b>Total Expenses</b>			

**Interpreter Services | Rule 42 Section 7(a), (c)**

<b>Column Totals</b>	Total Number of Cases		Total Number of Hours		Total Expense Amount	
<b>REIMBURSEMENT TOTAL AMOUNT FOR MULTI-DEFENDANT CLAIM</b>						<b>\$</b>

In accordance with Tennessee Supreme Court Rule 13, Section 4, the court order approving the services must be uploaded onto the interpreter claim on the online system. The interpreter must also upload this signed invoice by interpreter, judge and any necessary receipts pursuant to Tennessee Supreme Court Rule 13.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Judge

\_\_\_\_\_  
Date