

REQUEST FOR PAYMENT FOR QUALIFIED INTERPRETER

STATE OF SOUTH CAROLINA

TYPE OF COURT:

COUNTY OF _____
 _____ JUDICIAL CIRCUIT

General Sessions/GSNJ Common Pleas/CPNJ
 Family Court Other _____

CASE NO: _____

CASE NAME:

 Plaintiff
 v.

 Defendant

Sign Language/ASL
 Non-English Speaking _____
 (Specify Language)

Date Service Rendered: _____

Case Number	Start Time	End Time	Hours/Min. Interpreting
*TOTAL ACTUAL INTERPRETING TIME:			

* If more than three cases were interpreted, please attached a separate sheet of paper with the case numbers and names

Pursuant to S.C. Code Ann. §§ 15-27-15,15-27-155, or 17-1-50 (2010), claim is hereby made for compensation of the services of a qualified interpreter who has been approved by the Court. Note: Interpreters will receive an hourly rate for services rendered in a **one day (not per case), with a two-hour minimum**. If interpreting services exceed one day, the hourly rate per hour will be paid for actual time of services rendered (to the nearest quarter-hour.) Mileage may be reimbursed at official state rate when assignment is outside your residence county or place of business.

_____ Hours at \$ _____ per hour \$ _____
 _____ Miles _____ / _____ To _____ / _____ at \$0.58 \$ _____
 from City County City County
 TOTAL \$ _____

I hereby certify that this is a true and correct statement of my mileage and services rendered for interpreting the court proceeding(s) to a deaf or non-English speaker person who is a juror or a party to the proceeding or a witness therein.

X _____
 Signature of Interpreter Printed name of Interpreter

I am (check one): S.C. State Employee Privately Employed
 (State employees attest by their signature that they did not perform these services as part of their normal duties or on State time.)

CHECK WILL BE MADE PAYABLE AND MAILED TO THE INDIVIDUAL OR FIRM LISTED BELOW. LAST 4 DIGITS OF SOCIAL SECURITY OR F.E.I. NUMBER MUST BE INCLUDED. IF A W-9 IS NOT ON FILE, PLEASE ENCLOSE.

X _____
 Signature of Presiding Judge

NAME: _____

ADDRESS: _____

Printed Name of Judge

TELEPHONE #: _____

Date

Last Four Digits of S.S # (ONLY) or F.E.I. #: _____