

REQUEST FOR PAYMENT FOR QUALIFIED INTERPRETER

STATE OF SOUTH CAROLINA

TYPE OF COURT:

COUNTY OF _____

General Sessions/GSNJ Common Pleas/CPNJ

_____ JUDICIAL CIRCUIT

Family Court Other _____

CASE NO: _____

LANGUAGE ACCESS NEEDS:

CASE NAME: _____

Sign Language/ASL

Non-English Speaking _____
(Specify Language)

Plaintiff

v.

Date Service Rendered: _____

Defendant

Case Number	Start Time	AM/ PM	End Time	AM/ PM	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 **one day (not per case basis), with a two-hour minimum**. If interpreting occurs over two separate sessions on the same day, see Chapter 2, Section V of the Court Interpreter Policy & Procedure guide. Mileage may be reimbursed at the official state rate when assignment is outside the interpreter's residence county or county of place of business.

_____ Hours at \$ _____ per hour \$ _____

_____ Miles _____ / _____ To _____ / _____ at \$0.585 \$ _____
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. #: _____