

**United States District Court for the District of Rhode Island
One Exchange Terrace
Providence, RI 02903-1720**

INVOICE FOR INTERPRETER SERVICES

Interpreter's name and address:

S.S.N. – _____

For interpreting services per the Court Interpreters Act, Public Law 95-539, as follows:

Case(s): United States v. _____
[Defendant's name]

[Defendant's name]

Proceeding and location: _____

[Arraignment, Hearing, Trial, Interview, Sentencing, etc.]

[Name of presiding judicial officer, probation officer or attorney]

Date(s): _____

Beginning and ending times: _____

Number of full days: _____, \$376 if Certified, \$181 if Non-Certified *

Number of half days: _____, \$204 if Certified, \$100 if Non-Certified *
(rates as of January 1, 2008)

Total fees:	\$	_____
Mileage: (55¢ per mile, effect. 2/1/09)...	\$	_____
Parking:	\$	_____
Tolls:	\$	_____

TOTAL PAYMENT REQUESTED: \$ _____

Date: _____

[Signature]

* Form revised on 11/12/2008, to reflect Rate Schedule approved by the Administrative Office of the U.S. Courts.