King County

SUPERIOR COURT
INTERPRETER SERVICES INVOICE

NAME	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	LANGUAGE	
	___ ___ ___ ___		
STREET ADDRESS	TELEPHONE NUMBER	CERTIFIED? ☐ Yes ☐ No	REGISTERED? ☐ Yes ☐ No
CITY	STATE	MUST INCLUDE ZIP CODE ➡ ⬅	IS THIS A NEW ADDRESS? ☐ Yes ☐ No

CASE TYPE (Only One Case Type Per Invoice)	SERVICE LOCATION (Only One Per Invoice)
☐ CRIMINAL ☐ CIVIL – FAMILY LAW ☐ CIVIL – OTHER	SEATTLE ☐ KENT ☐

JUVENILE HEARINGS ONLY:	
☐ IN COURT ☐ OUT OF COURT	☐ OFFENDER ☐ TRUANCY ☐ DEPENDENCY ☐ ARY ☐ CHINS

DATE	CASE NUMBER	CASE NAME	NAME OF JUDGE / ATTORNEY / LOCATION / ROOM NUMBER	HEARING TYPE	APPROVAL SIGNATURE	START TIME	FINISH TIME	*DO NOT WRITE IN SHADED AREAS*
							TOTAL HOURS:	
							TOTAL PAYMENT:	

INTERPRETER CERTIFICATION

I hereby certify, under penalty of perjury, that this is a true and correct claim for interpreter services provided by me on behalf of King County and that no payment for these services has been received by me to date.

SIGNATURE:_____ Your Invoice Tracking Code DATE:_____

INVOICES NOT SUBMITTED WITHIN 30 DAYS MAY BE SUBJECT TO A 10% REDUCTION.
INVOICES MORE THAN 6 MONTHS LATE MAY NOT BE PAID.

FOR BUDGET DEPARTMENT USE ONLY

PLEASE MAIL TO:
KING COUNTY SUPERIOR COURT
ATTN: **Gary Cutler**
516 THIRD AVENUE - ROOM C-203
SEATTLE, WA 98104

PLEASE MAKE A COPY FOR YOUR OWN RECORDS BEFORE SUBMITTING THIS FORM

3/23/2010CT