

**Superior Court of California, County of San Bernardino
INTERPRETER SERVICES CLAIM**

INTERPRETER NAME: _____
 CLAIM PAYABLE TO: _____
 ADDRESS*: _____
 CITY/STATE: _____ ZIP: _____
 FID/SS NO.: _____ PHONE: _____

CERTIFICATION/REGISTRATION #

CHECK ONE

JUDICIAL COUNCIL CERTIFIED/REGISTERED

NON-JUDICIAL COUNCIL CERTIFIED/REGISTERED

LANGUAGE

- COURT SITE CODES**
- | | |
|-----------------------------|----------------------------------|
| 1 San Bernardino (SBJC) | 6 Joshua Tree |
| 2 San Bernardino (Historic) | 7 Fontana |
| 3 Rancho Cucamonga | 8 Juvenile (San Bernardino) |
| 4 Victorville | 9 Child Support (San Bernardino) |
| 5 Barstow | 10 Mental Health |

Check here if new address

COURT SITE CODE (see table above)	CASE NUMBER	CASE TYPE (see table below)	CASE NAME	DATE OF SERVICE	PER DIEM			MILEAGE (paid for actual miles driven above 60 miles)			
					REQUIRED		Total Fee	Miles	Mileage Rate \$0.535	Mileage total @ \$0.535/mile	Total Per Diem & Mileage
					Half Day (mark box)	Full Day (mark box)					
										\$ -	\$ -
										\$ -	\$ -
										\$ -	\$ -
										\$ -	\$ -
TOTAL CLAIM										\$ -	\$ -

*Interpreter address if different from above:

CLAIMANT STATEMENT: The foregoing claim for services is true and correct. I understand that while serving as an interpreter in San Bernardino County Superior Courts, I am obligated to interpret in any court and/or District as needed without payment in addition to the summoning Court's applicable fee schedule. I hereby certify that no request for additional payment has been or will be made.

"I certify (or declare) under penalty of perjury that the foregoing is true and correct":

X _____ X _____ X _____
 Date Place (city or county) Claimant Signature

- CASE TYPES**
- | | | | |
|----------------------------|---------------------------------------|---|-----------------------------|
| CH Civil Harassment | DV Domestic Violence | FT Family (Termination of Parental Rights) | PO Probate (other) |
| CO Civil (other) | EA Elder/Dependent Adult Abuse | I Infraction | PA Public Assistance |
| DP Dependency | F Felony | M Misdemeanor | T Traffic |
| DQ Delinquency | FC Family (Child Support) | MH Mental Health | UD Unlawful Detainer |
| DR Drug Court | FO Family (other) | PG Probate (Guardianship/Conservatorship) | O Other (specify) |

COURT USE ONLY BELOW THIS LINE

APPROVAL FOR PAYMENT: I have examined the facts of the transaction set forth herein and the documents attached hereto. All verifications, certification, and checking of computations required by the Trial Court Financial Policies and Procedures manual have been complied with and this claim is in the total amount shown and it is hereby approved for payment.

"I certify (or declare) under penalty of perjury that the foregoing is true and correct":

_____ in San Bernardino County
 Date Approved by (signature)

_____ in San Bernardino County
 Date Posted by (initials)

COORDINATOR STATEMENT: The services reported were necessary, directed by the appropriate authority, verified in accordance with established procedures and rendered as set forth above.

"I certify (or declare) under penalty of perjury that the foregoing is true and correct":

X _____ X _____
 Date in San Bernardino County Verifying Coordinator Signature

VENDOR CODE:	G/L ACCT	ORDER CODE	Cost/Fund Center	WBS Element	Func. area PECT	FUND	AMOUNTS
					1320		
					1320		
					1320		
					1320		