

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

INTERPRETER NAME:		<b>CERTIFICATION/REGISTRATION #</b>
CLAIM PAYABLE TO:		<b>CHECK ONE</b> <input type="checkbox"/> JUDICIAL COUNCIL CERTIFIED/REGISTERED <input type="checkbox"/> NON-JUDICIAL COUNCIL CERTIFIED/REGISTERED
ADDRESS*:		
CITY/STATE:	ZIP:	<b>LANGUAGE</b>
FID/SS NO.:	PHONE:	

**COURT SITE CODES**

- |                             |                                  |
|-----------------------------|----------------------------------|
| 1 San Bernardino (SBJC)     | 7 Fontana                        |
| 2 San Bernardino (Historic) | 8 Juvenile (San Bernardino)      |
| 3 Rancho Cucamonga          | 9 Child Support (San Bernardino) |
| 4 Victorville               | 10 Mental Health                 |
| 5 Barstow                   | 11 Big Bear                      |
| 6 Joshua Tree               | 12 Needles                       |

Check here if new address

COURT SITE CODE <small>(see table above)</small>	CASE NUMBER	CASE TYPE <small>(see table below)</small>	CASE NAME	DATE OF SERVICE	PER DIEM			MILEAGE (paid for actual miles driven above 60 miles)		
					REQUIRED		Total Fee	Miles	Mileage total @ \$0.545/mile	Total Per Diem & Mileage
					Half Day <small>(mark box)</small>	Full Day <small>(mark box)</small>				
									\$ -	\$ -
									\$ -	\$ -
									\$ -	\$ -
									\$ -	\$ -
<b>*Interpreter address if different from above:</b>									<b>TOTAL CLAIM</b>	
									\$ -	

**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.

**CASE TYPES**

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

"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

**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.

**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":

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

\_\_\_\_\_ in San Bernardino County  
Date Approved by (signature)

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Date Verifying Coordinator Signature

\_\_\_\_\_ in San Bernardino County  
Date Posted by (initials)

<b>VENDOR CODE:</b>					<b>DOCUMENT ID:</b>		
					<b>DOCUMENT TOTAL:</b>	\$	
LINE 1:	G/L ACCT	ORDER CODE	Cost/Fund Center	WBS Element	Func. area PECT	FUND	AMOUNTS
LINE 2:					1320		
LINE 3:					1320		
LINE 4:					1320		