

**UNITED STATES DISTRICT COURT  
Northern District of California  
Criminal Justice Act Unit**

**Interpreter Invoice  
2026**

The hourly rate for interpreter services is \$80. Complete one invoice for each date of service.

- Billing shall be in 6-minute increments. Total Time adds travel and service time.
- Invoices should be submitted to the attorney.

Interpreter Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Attorney Name: \_\_\_\_\_

Date of Service: \_\_\_\_\_  
Case Number: \_\_\_\_\_ Defendant: \_\_\_\_\_

**Service Time:** Start: \_\_\_\_\_ End: \_\_\_\_\_ **Total Time in Minutes:** \_\_\_\_\_

**Travel Times:**

Depart from: \_\_\_\_\_ Time: \_\_\_\_\_  
Arrive at: \_\_\_\_\_ Time: \_\_\_\_\_

**Total Inbound Time (in minutes):** \_\_\_\_\_

Miles Driven: \_\_\_\_\_ Tolls: \_\_\_\_\_ Parking: \_\_\_\_\_ BART/MUNI: \_\_\_\_\_  
Depart from: \_\_\_\_\_ Time: \_\_\_\_\_  
Arrive at: \_\_\_\_\_ Time: \_\_\_\_\_

**Total Outbound Time (in minutes):** \_\_\_\_\_

Miles Driven: \_\_\_\_\_ Tolls: \_\_\_\_\_ Parking: \_\_\_\_\_ BART/MUNI: \_\_\_\_\_

**Total Travel Time (in minutes):** \_\_\_\_\_

**Total Time:** Service & travel in minutes \_\_\_\_\_ x \$80 per hour = \_\_\_\_\_

**Total Mileage:** \_\_\_\_\_ x \$0.70 per mile = \_\_\_\_\_

**Total Other Travel Expenses:** \_\_\_\_\_

**Total Compensation & Expenses Claimed:** \_\_\_\_\_

**IMPORTANT:** If you worked for any other court agency of this date (FPD, Probation, or USDC), you must provide the agency name, case number, and time of service below.

| Agency    | Case Number | Start time | End time |
|-----------|-------------|------------|----------|
| CJA       |             |            |          |
| FPD       |             |            |          |
| Probation |             |            |          |
| USDC      |             |            |          |

**INITIAL EACH OF THE TWO STATEMENTS BELOW:**

I hereby certify that the above claim is for services rendered and is true and correct. \_\_\_\_\_

I have not received payment (compensation or anything of value) from any other source for these services. \_\_\_\_\_

\_\_\_\_\_  
Signature (wet or electronic)

\_\_\_\_\_  
Date