

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

**FEDERALLY CERTIFIED
Interpreter Invoice 2026
August 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 Service Time in Minutes:** _____

Travel Times:

Inbound Depart from: _____ Time of day: _____
Arrive at: _____ Time of day: _____

Inbound Time (in minutes): _____

Tolls _____ Parking _____ BART/MUNI: _____ Miles driven: _____

Outbound Depart from: _____ Time of day: _____
Arrive at: _____ Time of day: _____

Outbound Time (in minutes): _____

Tolls _____ Parking _____ BART/MUNI: _____ Miles driven: _____

Total Travel Time (in minutes): _____

Total Time: Service & travel in minutes _____ x \$80/hour = _____

Total Mileage: _____ x \$0.76/mile = _____

Total Other Travel Expenses: _____

Total Compensation & Expenses Claimed: _____

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

Agency	Case Number	Start time	End time
CJA			
FPD			
Probation			
District Court			

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