

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

**Professionally Qualified Interpreter  
Invoice July 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