



**SUPERIOR COURT  
INTERPRETER SERVICES INVOICE**

NAME		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER		LANGUAGE	
STREET ADDRESS		TELEPHONE NUMBER		<b>CERTIFIED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY		STATE		<b>REGISTERED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>MUST INCLUDE ZIP CODE</b>		IS THIS A NEW ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>CASE TYPE</b> <small>(Only One Case Type Per Invoice)</small> <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL - FAMILY LAW <input type="checkbox"/> CIVIL - OTHER	<input type="checkbox"/> IN PERSON <input type="checkbox"/> VIA TELEPHONE	<b>CASE DESIGNATION</b> <small>(Only One Per Invoice)</small> SEATTLE <input type="checkbox"/> KENT <input type="checkbox"/>
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<b>JUVENILE HEARINGS ONLY:</b>	
<input type="checkbox"/> IN COURT <input type="checkbox"/> OUT OF COURT	<input type="checkbox"/> OFFENDER <input type="checkbox"/> TRUANCY <input type="checkbox"/> DEPENDENCY <input type="checkbox"/> ARY <input type="checkbox"/> CHINS

DATE	CASE NUMBER <small>(Third digit in case # must be the same per invoice)</small>	CASE NAME	NAME OF JUDGE / ATTORNEY / LOCATION / ROOM NUMBER	HEARING TYPE	APPROVAL SIGNATURE	START TIME	FINISH TIME	<i>DO NOT WRITE IN SHADED AREAS</i>

	TOTAL HOURS:
	TOTAL PAYMENT:

**INTERPRETER CERTIFICATION**

I hereby certify, under penalty of perjury, that this is a true and correct claim for interpreter services provided by me on behalf of King County and that no payment for these services has been received by me to date.

SIGNATURE: \_\_\_\_\_

Your Invoice Tracking Code

DATE: \_\_\_\_\_

**INVOICES NOT SUBMITTED WITHIN 30 DAYS MAY BE SUBJECT TO A 10% REDUCTION.  
INVOICES MORE THAN 6 MONTHS LATE MAY NOT BE PAID.**

**PLEASE MAIL TO:**  
 KING COUNTY SUPERIOR COURT  
 ATTN: Gary Cutler  
 516 THIRD AVENUE - ROOM C-203  
 SEATTLE, WA 98104

**PLEASE MAKE A COPY  
FOR YOUR OWN RECORDS  
BEFORE SUBMITTING THIS FORM**

**FOR BUDGET DEPARTMENT USE ONLY**