

Interpreter Name										LANGUAGE			
Address - City - State - Zip Code										REGISTERED?		CERTIFIED?	
☐ Criminal     ☐ Family Law     [       ☐ Dependency     ☐ Family Law Orientation     [			☐ ITA Court/Me☐ Juvenile Dru☐ Juvenile Offe	E ALLOWED PER INVOICE)  ITA Court/Mental Illness Parent Seminar  Juvenile Drug Court Truancy/ARY/CHINS  Juvenile Offender  Other:			☐ In Court ☐ In F☐ Out of Court ☐ VIA		A Telephone Juvenil		LOCATION  Kent  ITA COURT		
DATE	CASE NUMBER CUSTO		R / CLIENT	NAME OF JUDGE or COMMISSIONER or ROOM NUMBER		EVENT	TYPE	YPE COURT APPRO SIGNATUR		L START TIME	FINISH TIME	DO NOT WRITE IN THIS AREA	
			V										
COMMENTS	& NOTES:				····								
											TOTAL HOURS:		
										TOTAL PAYMENT:			
INTERPRETER CERTIFICATION I hereby certify, under penalty of perjury, that this is a true and correct claim for   COURT USE ONLY													
Interpreter services provided by me on behalf of King County Superior Court and that no payment for these services has been received by me to date:					Р	roject		Task	Awa	rd A	ccount	Amount	
SIGNATURE: DATE:				-									
Attn: G 516 Th	IT TO: County Superior Cour Gary Cutler Dird Avenue, Room Co., WA 98104		UPDA	TED: 3/2014									