**REQUEST FOR PAYMENT FOR QUALIFIED INTERPRETER**

STATE OF SOUTH CAROLINA TYPE OF COURT:

COUNTY OF         General Sessions/GSNJ  Common Pleas/CPNJ

       JUDICIAL CIRCUIT  Family Court  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASE NO:        LANGUAGE ACCESS NEEDS:

CASE NAME:  Sign Language/ASL

        Non-English Speaking

Plaintiff (Specify Language)

v.

       Date Service Rendered:

Defendant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Case Number** | **Start Time** | **AM/**  **PM** | **End Time** | **AM/**  **PM** | **Hours/Min. Interpreting** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **\*TOTAL ACTUAL INTERPRETING TIME:** | | | | |  |

\* If more than three cases were interpreted, please attached a separate sheet of paper with the case numbers and names

Pursuant to S.C. Code Ann. §§ 15-27-15,15-27-155, or 17-1-50 (2010), claim is hereby made for compensation of the services of a qualified interpreter who has been approved by the Court. Note: Interpreters will receive an hourly rate for services rendered in **one day (not per case basis), with a two-hour minimum**. If interpreting occurs over two separate sessions on the same day, see Chapter 2, Section V of the Court Interpreter Policy & Procedure guide. Mileage may be reimbursed at the official state rate when assignment is outside the interpreter’s residence county or county of place of business.

       Hours at $        per hour $

       Miles       /        To        / \_\_\_\_\_\_\_\_\_\_\_\_\_\_ at $0.56 $

from City County City County

TOTAL $

I hereby certify that this is a true and correct statement of my mileage and services rendered for interpreting the court proceeding(s) to a deaf or non-English speaker person who is a juror or a party to the proceeding or a witness therein.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Interpreter Printed name of Interpreter

I am (check one):  S.C. State Employee  Privately Employed

(State employees attest by their signature that they did not perform these services as part of their normal duties or on State time.)

CHECK WILL BE MADE PAYABLE AND MAILED TO THE

INDIVIDUAL OR FIRM LISTED BELOW. LAST 4 DIGITS OF

SOCIAL SECURITY OR F.E.I. NUMBER MUST BE INCLUDED.

IF A W-9 IS NOT ON FILE, PLEASE ENCLOSE. X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Presiding Judge

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Judge

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Last Four Digits of S.S # (ONLY) or F.E.I. #:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_