

**US DISTRICT COURT
INTERPRETER TIME SHEET**

CASE NO: _____

CASE TITLE: _____

NAME OF INTERPRETER: _____

LOCATION OF HEARING: _____

DATE	START TIME	END TIME	HEARING TYPE

I hereby certify that I rendered the services described herein, that said services were rendered in accordance with the Contract Court Interpreter Services Terms and Conditions, and that no other federal court unit, Federal Public Defender, Community Defender Organization, Defender Services appropriation has been or will be billed for the same period of service, cancellation or travel expenses.

Interpreter's Signature

Date

Please return completed form to: U.S. District Court - Attn. Kathy
District of North Dakota
PO Box 1193
Bismarck, ND 58502-1193
Forms can also be emailed: Kathy_Knudson_Stout@ndp.uscourts.gov