



Interpreter's Report of Services and Claim for Compensation and Expenses

To: U.S. Probation and Pretrial Services
Western District of Wisconsin

This is a request for payment of interpreter services performed.

Please print legibly

Last Name		First Name	Middle Initial
Street Address		City	State Zip
Social Security / Tax ID		Criminal Case No.	
United States of America vs.			

Itemization of Services and Costs:

Date(s)	Number of		Cost Per		Total Compensation	Other Costs including Travel
	Hours	Days	Hour	Day		
Total Amount Certified for Payment:						\$

The following information if provided in support of the above services:

Interpreter Is:

- ☐ Certified
☐ Non-Certified

Nature of Proceeding:

- ☐ Pre-Trial Conference
☐ Pre-Sentence Conference
☐ Other

Specify:

Foreign Language(s):

☐ Hearing/Speech Impaired?

Have you received compensation for these services from any other source? ☐ Yes ☐ No

CERTIFICATION: I certify under penalty of perjury that the foregoing is true and correct.

Dated: _____
Signature of Interpreter

Print name of Probation Officer: _____

Dated: _____
Signature of Probation/Pretrial Officer