

FOREIGN LANGUAGE INTERPRETER DAILY LOG

Name	Date	Social Security No. (Last 4 Digits) Or Taxpayer ID No.
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NOTE: Attach a log sheet for each day worked to the Foreign Language Interpreter Invoice (AOC-A-215).

County	<input type="checkbox"/> District Court <input type="checkbox"/> Superior Court	Case No.	Case No.	Case No.	Case No.	Case No.
Actual Hours Worked	<input type="checkbox"/> Assigned Counsel <input type="checkbox"/> Public Defender					
<input type="checkbox"/> Specific Case(s) <input type="checkbox"/> Morning Session <input type="checkbox"/> Afternoon Session <input type="checkbox"/> Full Day <input type="checkbox"/> 5:00PM to 8:00AM <input type="checkbox"/> Session/Case Canceled	<input type="checkbox"/> District Attorney <input type="checkbox"/> Magistrate <input type="checkbox"/> Travel Time <input type="checkbox"/> Other: _____					

Name Of Court Official Verifying Interpreter Hours	Signature Of Court Official Verifying Interpreter Hours Worked
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Deputy CSC
 Assistant CSC
 Assigned Counsel
 Public Defender
 District Attorney
 Cust. Med.
 District court Judge
 Superior Court Judge

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Actual Hours Worked	<input type="checkbox"/> Assigned Counsel <input type="checkbox"/> Public Defender					
<input type="checkbox"/> Specific Case(s) <input type="checkbox"/> Morning Session <input type="checkbox"/> Afternoon Session <input type="checkbox"/> Full Day <input type="checkbox"/> 5:00PM to 8:00AM <input type="checkbox"/> Session/Case Canceled	<input type="checkbox"/> District Attorney <input type="checkbox"/> Magistrate <input type="checkbox"/> Travel Time <input type="checkbox"/> Other: _____					

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Actual Hours Worked	Minimum Hours Charged	Hours Traveled (Actual Travel Time ÷ 2 Added To Daily Total)	DAILY TOTAL
Minimum For Session/Case Canceled		Date	Page _____ Of _____

INSTRUCTIONS
N.C. JUDICIAL BRANCH OF GOVERNMENT
FOREIGN LANGUAGE INTERPRETER DAILY LOG (AOC-A-216)

INSTRUCTIONS: *This form must be submitted once a month to support the Foreign Language Interpreters Invoice for Hours Worked (AOC-A-215) in order to be paid for services as an interpreter for the NC courts. For each day worked, a separate form must be completed. Use as many sheets of this form as necessary per day. This form may be filled out by hand or by completing the electronic version of the form available on the AOC web site. Fill out one section of the form per location where services were provided (District Court or Superior Court - if in court; or assigned counsel, public defender or district attorney, if out of court, or travel) per day.*

(Example: Interpreter traveled out of the county to interpret in District Court for a morning session, and then interpret in one Superior Court case in the afternoon. The travel time was one hour and court time was two hours in District Court and a half hour in Superior Court. Under the first block, interpreter would put '1' under Actual Hours Worked and check travel time. Under the second block, the interpreter would put '2' hours under Actual Hours Worked, would check Morning Session, and would check District Court. Under the third block, the interpreter would put half hour (.50) under Actual Hours Worked, would check Specific Case, and would check Superior Court.)

NAME OF INDIVIDUAL PROVIDING SERVICES: *PRINT/TYPE the name of the person providing the interpreting service. This may not be a company name; it must be an individual's name.*

DATE: *List the date that the interpreting service was provided.*

SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) OR TAXPAYER ID NUMBER: *List the last four digits of the social security number of the interpreter or the taxpayer identification number for companies that have contracted to provide the services.*

COUNTY: *List the name of the county in which the interpreting services were provided. If services were provided in more than one county, submit a separate log for each county.*

HOURS WORKED: *List the number of actual hours worked on that date based on how interpreter was assigned to provide services. Check the appropriate box(es) to indicate if the services were provided for a specific case(s), a morning session of court, an afternoon session of court, a full day of court, or outside of normal working hours (5:00 p.m. - 8:00 a.m.). Then check only one box per section of the form to indicate where or for whom services were provided, either in district or superior court for services provided in court, or for services provided out of court for assigned counsel, public defender, district attorney, or for the custody mediator, or for travel time. If interpreter is assigned to a specific case and that case is canceled without providing 48 hours notice to interpreter, please mark the 'case canceled' box and indicate in which court the case had been scheduled.*

CASE NUMBER: *List the individual case numbers for which interpreting services were provided (available from the court calendar) for each period of the day, depending on for whom the services were provided (e.g. assigned counsel, district attorney, or magistrate). List all case numbers for cases interpreter was assigned, even if defendant failed to appear.*

NAME OF COURT OFFICIAL VERIFYING HOURS. *PRINT/TYPE the name of the court official who is verifying the interpreter's work for each period of the day. For example, in district court, a deputy clerk can verify the interpreter's work hours. Check the box indicating the appropriate title of the person who signs each section of the form.*

ACTUAL HOURS WORKED TOTAL: *For each section, figure whether the actual hours worked is greater or less than the minimum. If the actual hours worked for the section are greater than the minimum, indicate the total number of those hours worked in this box, rounded to the nearest quarter hour (.00, .25, .50, or .75).*

MINIMUM HOURS CHARGED. *For each section, if the number of actual hours worked is less than the minimum, enter the minimum hours to be charged (one (1) hour for specific case, three (3) hours for session, and five (5) hours for full day) and indicate the total number of those hours charged in this box.*

CASE CANCELED MINIMUM. *If the interpreter is notified less than 48 hours before the hearing that the interpreter's services will not be needed, the interpreter may bill for one (1) hour for a district court case and three (3) hours for a superior court case. Enter the total in this box.*

TRAVEL TIME. *Enter the actual hours traveled. The amount of travel time you will enter on the AOC-A-215 will be one-half (1/2) of this amount.*

DAILY TOTAL: *Enter the sum of actual hours worked total, minimum hours charged, and case canceled minimum in this box.*