STATE OF NORTH CAROLINA
JUDICIAL BRANCH OF GOVERNMENT

FOREIGN LANGUAGE INTERPRETER INVOICE FOR HOURS WORKED

Name And Address Of Individual Providing Service (please print or type)

SSN (last 4 digits) Or Tax ID | *County* | *Month/Year*

LEVEL ☐ Spanish A 1 ☐ Spanish A 2 ☐ Spanish B
☐ LOTS *(specify)* _____ *NCAOC Rate:* _____

		In Court				Out Of Court				Travel			After Hours (5PM - 8AM)	
Day	**Date**	**District Court**	**Superior Court**	**Mag. Court**	**Clerk**	**District Attorney**	**Public Defender**	**Assign. Counsel**	**GAL Program**	**Time**	**Miles**	**Incidentals**	**Hours**	**Travel**
Sunday		☐	☐	☐	☐	☐	☐	☐	☐			$		
Monday		☐	☐	☐	☐	☐	☐	☐	☐			$		
Tuesday		☐	☐	☐	☐	☐	☐	☐	☐			$		
Wednesday		☐	☐	☐	☐	☐	☐	☐	☐			$		
Thursday		☐	☐	☐	☐	☐	☐	☐	☐			$		
Friday		☐	☐	☐	☐	☐	☐	☐	☐			$		
Saturday		☐	☐	☐	☐	☐	☐	☐	☐			$		
Sunday		☐	☐	☐	☐	☐	☐	☐	☐			$		
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Thursday		☐	☐	☐	☐	☐	☐	☐	☐			$		
Friday		☐	☐	☐	☐	☐	☐	☐	☐			$		
Saturday		☐	☐	☐	☐	☐	☐	☐	☐			$		
TOTAL												$		

Total Regular Hours Worked _____ **Total After Hours Hours Worked** _____

Total Regular Travel Hours _____ **Total After Hours Travel Hours** _____

TOTAL AMOUNT DUE $ _____

INTERPRETER'S VERIFICATION

I certify this is a true and accurate accounting of the hours worked.

Date | *Signature Of Interpreter*

Date | *Signature Of Person Authorized To Administer Oaths* | **SEAL** ☐ *Notary* | *Date Commission Expires* | *County Where Notarized*

Date | *Signature Of Witness To Verification* | *Name Of Witness To Verification (please print)* | ☐ *Deputy CSC* ☐ *Asst. CSC* ☐ *Clerk Of Superior Court*

(INSTRUCTIONS on Side Two)

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INSTRUCTIONS
N.C. JUDICIAL BRANCH OF GOVERNMENT
FOREIGN LANGUAGE INTERPRETER INVOICE FOR HOURS WORKED (AOC-A-215)

INSTRUCTIONS: *This form must be submitted once a month and within 30 days of service in order to be paid for services as a court interpreter for the NC Judicial Branch. This form should be completed electronically to ensure the accuracy of invoice calculations. This invoice should be used only for requesting payment for providing authorized interpreting services for the NC Judicial Branch. All information must be legible and complete or the invoice will not be processed. Please mail the completed monthly invoice with attached applicable daily logs in chronological order to: Office of Language Access Services, NCAOC, PO Box 2448, Raleigh, NC 27602.*

NAME AND ADDRESS OF INDIVIDUAL PROVIDING SERVICES: Print/Type the name and address of the person providing the interpreting service.

SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) OR TAXPAYER ID NUMBER: List the last four digits of the Social Security number of the interpreter providing the services or the taxpayer identification number for companies providing LOTS interpreters to the NC Courts.

COUNTY: List interpreter services that were provided in one county. If services were provided in more than one county, submit a separate invoice for each county.

MONTH/YEAR: List the month and the year during which interpreter services were provided. Only one month and year can be entered per invoice.

LEVEL: Check the box indicating the classification level on the individual interpreter's contract with NCAOC. LOTS interpreters must check the box next to LOTS, and also fill in language and NCAOC contract hourly rate.

DATE AND TOTAL NUMBER OF HOURS WORKED FOR EACH AUTHORIZED ACTIVITY: In the appropriate column, list the date the interpreter worked and the number of hours interpreting services were provided during the month in any of the following that apply: In district court or superior court, and out of court for assigned counsel/guardian ad litem for an adult respondent, out of court for a public defender, out of court for a district attorney, and out of court for a guardian ad litem attorney or volunteer for the GAL Program. Round to the nearest quarter hour (fifteen minutes) increment (.00, .25, .50, .75). If the services were provided for a session of court, list the total hours of the session of court in the appropriate cell. If completing the form by hand, fill in the total number of hours worked during the month at the bottom of each column and fill in the total regular hours worked during the month at the bottom of the sheet.

TRAVEL: Interpreters are eligible for reimbursement for mileage at the NCAOC rate and for one-half of an hour for every hour of travel if traveling more than 35 miles one way, as specified in the contract. Actual travel durations should be entered under the columns for Travel - Time and After Hours - Travel. The form will calculate the travel portions of the TOTAL AMOUNT DUE using the rate of one-half of the actual travel time entered. The number of miles traveled should be recorded under the Travel - Miles column.

Parking fees will be reimbursed if receipts are included with the invoice. Preauthorized hotel fees will be reimbursed if original receipts are included with the invoice. For out-of-state interpreters in overnight status, applicable per diem, ground transportation, and authorized rental car expenses will be reimbursed if original receipts are included with the invoice. All of these items should be recorded under the Travel column entitled "Incidentals."

FOR AFTER HOURS WORK: If service has been provided outside of normal working hours (that is, 5:00 p.m. - 8:00 a.m.), please place an "X" in the small box located in the lower right hand corner of the box indicating where or for whom services were provided (e.g., district attorney, magistrate, district court). Enter the **actual hours worked** outside of the normal working hours in the After Hours column.
Do not place a mark inside the small box unless you have after hours time to report.

TOTAL AMOUNT DUE: If filling out form by hand, place the total dollar amount due for regular hours worked and after hours worked based on interpreter's hourly rate as authorized in interpreter's contract with NCAOC. Total hours worked during normal working hours are to be calculated at interpreter's hourly rate (Total Regular Hours × Hourly Rate). After hours worked are to be calculated at the interpreter's hourly rate plus $10 per hour (Total After Hours × (Hourly Rate + $10)).

INTERPRETER'S VERIFICATION: Interpreter must sign the verification of time in front of the witness to the interpreter's verification.

WITNESS TO THE INTERPRETER'S VERIFICATION: Either the Clerk of Superior Court, an assistant clerk of superior court, a deputy clerk of superior court, **or** a notary public must date, sign, and print his/her name to verify that the interpreter signed the verification of services provided.

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