SUPERIOR COURT OF CALIFORNIA COUNTY OF NEVADA

Interpreter Service Log & Invoice

Please remit payment to: <u>court.accounting@nccourt.net</u>. Complete this form for each assignment day within 30 days of service.

	Name: Classi			Address:			
Service Log Court Location: Nevada City Truckee Assignment Date: Session: Actual Time In: Actual Time Out: Actual Mileage (if applicable):							
Case Type (Code details below)	Case Number	Event Type (trial or non-trial)	Event Details (Code details below)	*Method (Telephone or V		*Notes	
*Method: If you interpret any case remotely, specify either telephone or VRI (video remote) & enter location in the "notes" column.							
Invoice Invoice Date: Invoice Number: Vendor Number: Amount Due per Contract: The undersigned, under penalty of perjury, states: that the above claim and the items therein set out are true and correct: that no part thereof has been paid, that the amount therein is justly due, and that the same is presented pursuant to the Judicial Council interpreter payment policies.							
Date:		Ву:	By:				
<i>Court Use Only:</i> Once approved by the court, this request for payment shall serve to issue payment for services rendered and accepted.							
Approved by: Tit			Title:	le: Date:			
<u>Codes & Definitions</u> <u>Case Types</u>							
CHCivil HarassmentCOCivil (Other)DQDelinquencyDPDependencyDRDrug Court	Civil (Other) EA Elder or Dependent Adult Ab Delinquency FC Family (Child Support) Dependency FO Family (Other)			Infraction P Mental Health P Misdemeanor T	O Probate (Other A Public Assistar	ic Assistance fic	
<u>Event Details</u>							
AArraignmentCConferenceCNTContinuanceCTACounter AssistDSVDismissed/Vac		(other) MHE 1 ent OSC 0 ion Hearing PG 1	Mediation Mental Health Evaluation Order to Show Cause Parent/Guardian Plea	PH Preliminary PT Pre-trial RO Restraining RH Review He SHC Self Help O	s Order TRO aring VW	Sentencing Sight Translation/Forms Temp. Restraining Order Victim/Witness Violation of Probation	