SUPERIOR COURT OF CALIFORNIA
COUNTY OF NEVADA

Interpreter Service Log & Invoice

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

Name: _____ Address: _____
Language: _____ Classified As: ☐ Certified ☐ Prov. Qualified ☐ Non Certified

Service Log

Court Location: ☐ Nevada City ☐ Truckee
Assignment Date: _____ Session: ☐ AM ☐ PM ☐ Full Day
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 VRI)	***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: _____ By: _____
Signature of claimant

Court Use Only: Once approved by the court, this request for payment shall serve to issue payment for services rendered and accepted.

Approved by: _____ Title: _____ Date: _____

Codes & Definitions

Case Types

CH	Civil Harassment	**DV**	Domestic Violence	**F**	Felony	**PG**	Probate (Guardianship/Conservatorship)
CO	Civil (Other)	**EA**	Elder or Dependent Adult Abuse	**I**	Infraction	**PO**	Probate (Other)
DQ	Delinquency	**FC**	Family (Child Support)	**MH**	Mental Health	**PA**	Public Assistance
DP	Dependency	**FO**	Family (Other)	**M**	Misdemeanor	**T**	Traffic
DR	Drug Court	**FT**	Family (Terminate Parental Rights)			**UD**	Unlawful Detainer

Event Details

A	Arraignment	**DH**	Default Hearing	**M**	Mediation	**PH**	Preliminary Hearing	**S**	Sentencing
C	Conference	**H**	Hearing (other)	**MHE**	Mental Health Evaluation	**PT**	Pre-trial	**STF**	Sight Translation/Forms
CNT	Continuance	**J**	Judgement	**OSC**	Order to Show Cause	**RO**	Restraining Order	**TRO**	Temp. Restraining Order
CTA	Counter Assist	**JH**	Jurisdiction Hearing	**PG**	Parent/Guardian	**RH**	Review Hearing	**VW**	Victim/Witness
DSV	Dismissed/Vacated	**JJ**	Jury/Juror	**PL**	Plea	**SHC**	Self Help Center	**VOP**	Violation of Probation