

STATEMENT FOR PAYMENT OF INTERPRETERS (CERTIFIED)

DATE	County, District, Juvenile Court, Probation and County Name	Number of People and Type(s) of Cases for whom Interpreting was Provided	Authorizing Signature	Interpreting Time				Transportation		
				Start	End	Actual Time Worked	Paid Time ₁	Miles Traveled ₂	Total Travel Time ₃	Travel Time Compensation ₄

Incomplete forms will be returned.

Interpreting Hours Paid _____ Hours _____ minutes x \$50/hour _____
 Mileage Paid _____ miles @ \$.485 per mile _____
 Travel Time Compensation Total (from worksheet on reverse side of form) _____

Mail to: State Court Administrator
 ATTN: Interpreter
 PO Box 98910
 Lincoln, NE 68509-8910

Check if new address

Telephone # _____

Total Amount Claimed _____

Interpreter Name _____ Address _____ Date: _____

City, State, Zip _____ Interpreter Signature _____

Email address _____ (If the State Court Administrator makes any corrections in the amounts claimed on this statement a copy will be emailed to the interpreter if a legible email address is provided)

Tax Payer ID # (Social Security Number or Federal Tax Payer ID) _____ Language(s) _____

1-Paid Time should be in 15 minute increments for time over the 2-hour minimum.

2-Mileage can only be claimed if number of miles traveled from your starting point to the interpreting site is more than 15 miles one way.

3-Travel time is payable for travel over 50 miles at the rate of 50 miles = 1 hour.

4-Travel time compensation can only be claimed if total mileage for one day is over 50 miles and the combined travel time and actual interpreting time exceed the two hour interpreting minimum Excess travel time x \$40. (See back of form for instructions.)

Forms must be received by the Court Administrator by the 7th day of each month. Statements received on or after the 8th of the month will be processed the following month. Complete all totals for all statements on the bottom of the first statement. Each entry must have all fields completed in full to be processed. Keep a copy for your records.

Calculating Travel Time Paid

ONLY USE THIS WORKSHEET FOR DAYS WHEN TRAVEL IS MORE THAN 50 MILES

If your actual interpreting time is less than the 2-hour minimum and you travel more than 50 miles in one day, you will need to add your total travel time to your actual interpreting time to come up with your travel time compensation. Only if the interpreting time and travel time combined exceeds the 2-hour minimum will travel time be compensated. If the combined total is less than the 2-hour minimum, travel time **will not be** compensated.

Example 1:

Actual interpreting time =	½ hour	
Total travel time =	1 hour (50 miles)	
Total combined interpreting and travel time =	1 ½ hours	
Travel time compensation =	0 (because the 2-hour minimum has not been achieved)	
Interpreter time paid		\$100.00
Travel time in excess of 2-hour minimum	<u>0</u>	
Excess travel time x \$40.00		\$ 0.00
= (equals) Travel time compensation		\$ 0.00

Example 2:

Actual Interpreting time =	½ hour	
Total travel time =	2 hours (100 miles)	
Total combined interpreting and travel time =	2 ½ hours	
Travel time compensation =	½ hour (because the interpreting time and travel time exceeds the 2-hour minimum)	
Interpreter time paid		\$100.00
Travel time in excess of 2-hour minimum	<u>.50 hours</u>	
Excess travel time .50 x \$40.00		\$ 20.00
= (equals) Travel time compensation		\$ 20.00

For each day travel time qualifies, complete the following and transfer the total to the front page of this form.

Date		Amount
	Interpreter time paid	
	Travel time in excess of 2-hour minimum	
	Excess travel time x \$40.00	
	Equals travel time compensation	
	Interpreter time paid	
	Travel time in excess of 2-hour minimum	
	Excess travel time x \$40.00	
	Equals travel time compensation	
	Interpreter time paid	
	Travel time in excess of 2-hour minimum	
	Excess travel time x \$40.00	
	Equals travel time compensation	
	Interpreter time paid	
	Travel time in excess of 2-hour minimum	
	Excess travel time x \$40.00	
	Equals travel time compensation	
	TOTAL TRAVEL TIME COMPENSATION	
	TRANSFER TO FRONT OF FORM*	

***Total shaded gray areas and transfer the total to the front of this form on Travel Time Compensation line.**