**CJA INTERPRETER WORKSHEET**

**DISTRICT OF ARIZONA**

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| **Interpreter****First and Last Name** |       | **Attorney** **First and Last Name** |       |
| **Language** |       | **Type****(select one)** | **Federally Certified** | **[ ]**   | **Date of Service** (m/d/yyyy) |       |
| **Professionally Qualified**  | **[ ]**   |
| **Language Skilled**  | **[ ]**   |

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| **Travel Information** (only if more than 60 miles round trip).  |
| **Starting Address** | Insert Street Address | Insert City | **Travel Start Time** | **Arrival Time** |
| **am [ ]** **pm [ ]**  | **am [ ]** **pm [ ]**  |
| **Destination Address** | Insert Street Address | Insert City | **Return Travel Start Time** | **Return Travel End Time**  |
| **am [ ]** **pm [ ]**  | **am [ ]** **pm [ ]**  |
| **Case Information**List all defendants for this date in order by conference start time. This includes defendants for another attorney to which a second half day may be billed. List Attorney Last Name only in instances where multiple attorneys were assisted for this date. If multiple attorneys are assisted, bill half day to an attorney in the AM and second half day to an attorney in the PM on a separate form. Both forms should still list all defendants for the day. If more than 4 defendants, please attach a supplemental sheet.  |
| **Case Number** | **Defendant Name** | **Attorney Last Name** **(If multiple attorneys assisted)** | **Conference Start Time** | **Conference End Time** |
|       |       |       | **am [ ]** **pm [ ]**  | **am [ ]** **pm [ ]**  |
|       |       |       | **am [ ]** **pm [ ]**  | **am [ ]** **pm [ ]**  |
|       |       |       | **am [ ]** **pm [ ]**  | **am [ ]**  **pm [ ]**  |
|       |       |       | **am [ ]** **pm [ ]**  | **am [ ]** **pm [ ]**  |

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| **A. Services**: If travel is authorized (more than 60 miles roundtrip), time period to be billed is determined by the *Travel Start Time* through *Return Travel Arrival Time* on page 1. If travel is not authorized (less than 60 miles roundtrip), then time period to be billed is determined by the first *Conference Start Time* through the last *Conference End Time*. [\*See Notice Regarding CJA Interpreter Rates](https://www.azd.uscourts.gov/sites/default/files/cja/Notice%20re%20Interpreter%20Rates%20and%20Document%20Translation.pdf). |
| **Conference Services** | **If Federally Certified,**  | **If Professionally Qualified,****Select Applicable (*Only One*):** | **If Language Skilled,****Select Applicable (*Only One*):** | **Services Claimed** |
| **Select Applicable (*Only One*):** |
| **Half-Day** (.1 – 4 hours) | $320 | **[ ]**  | $280 | **[ ]**  | $190 | **[ ]**  | $       |
| **Second Half-Day** (w/different atty) | $246 | **[ ]**  | $215 | **[ ]**  | $160 | **[ ]**  |
| **Full Day** (4.1 – 8 hours) | $566 | **[ ]**  | $495 | **[ ]**  | $350 | **[ ]**  |
| **Overtime (**8.1 or greater hrs)\*[**\* See the Rate Calculator**](http://www.azd.uscourts.gov/sites/default/files/cja/CJA%20Compensation%20Billing%20Calculator.pdf) | $80/hr (billed in tenths of an hour) | $70/hr (billed in tenths of an hour)Enter Time Over 8 Hours in Tenths      x $70 =$        | $44/hr (billed in tenths of an hour)Enter Time Over 8 Hours in Tenths      x $44 = $       | $       |
| Enter Time Over 8 Hours in Tenths      x $80 =$        |
| **Section A** **Total of Services Claimed** | $       |
| **B. Travel Expenses:** **Travel is only compensable if travel is more than 60 miles roundtrip.** If compensable, travel time is included in time total for half day and full day rate.  |
| **Mileage and Parking Reimbursement** | **Expenses Claimed** |
| **Mileage** | Number of Miles      | X | [**Rate**](http://www.azd.uscourts.gov/attorneys/cja/expert-services-rates)$       | = | Mileage Total$       | **Parking** | $       | **Section B****Total Travel Expenses Claimed (Mileage and Parking Combined)** | $       |
| I hereby certify that I rendered the services described herein and that no other federal court unit, Federal Public Defender, Community Defender Organization, other attorney, or other entities obtaining interpreting services under the CJA or the Defender Services appropriation has been or will be billed for the same period of service or travel expenses. | **Section A plus Section B total****GRAND TOTAL CLAIMED** | $       |

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| Interpreter Signature: |       | Date: |       |