**CJA INTERPRETER WORKSHEET**

**DISTRICT OF ARIZONA**

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

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| **Travel Information**(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** **Arrival Time**  |
| **am [ ]  pm [ ]**  | **am [ ]  pm [ ]**  |
| **Case Information**Defendants should be listed in order by conference start time. |
| **Case Number** | **Defendant Name** | **Conference Start Time** | **Conference End Time** |
|       |       | **am [ ]  pm [ ]**  | **am [ ]  pm [ ]**  |
|       |       | **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* on page 1. |
| **Conference Services** | **If Certified or Professionally Qualified** | **If Language Skilled** | **Services Claimed** |
| **Select Applicable (*Only One*):** | **Select Applicable (*Only One*):** |
| Regular Services |
| **Half-Day** (.1 – 4 hours) | $226 | **[ ]**  | $111 | **[ ]**  | $       |
| **Second Half-Day** (w/different atty) | $192 | **[ ]**  | $91 | **[ ]**  |
| **Full Day** (4.1 – 8 hours) | $418 | **[ ]**  | $202 | **[ ]**  |
| Overtime Services |
| **Overtime (8.1 or greater hrs)\***[**\* See the Rate Calculator**](http://www.azd.uscourts.gov/sites/default/files/cja/CJA%20Compensation%20Billing%20Calculator.pdf) | $60/hr (billed in tenths of an hour) | $35/hr (billed in tenths of an hour) | $       |
| Enter Time Over 8 Hours in Tenths      x $60 =$        | Enter Time Over 8 Hours in Tenths      x $35 = $       |
| All Services |
| **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, or other attorneys or 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. | **GRAND TOTAL CLAIMED** | $       |

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| Interpreter Signature: |       | Date: |       |