

# FOREIGN LANGUAGE COURT INTERPRETER DAILY LOG

Name	County	Date	SSN (last four digits) Or Taxpayer ID No.
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**NOTE:** Attach a daily log for each day worked per month in each county to the Foreign Language Interpreter Invoice (AOC-A-215) for that county.

Time In	<b>In Court:</b> <input type="checkbox"/> District Court <input type="checkbox"/> Superior Court <input type="checkbox"/> Magistrate <input type="checkbox"/> Clerk Of Superior Court	Case No.	Case No.	Case No.	Case No.	Case No.	
Time Out		<b>Out Of Court:</b> <input type="checkbox"/> District Attorney/ADA <input type="checkbox"/> Public Defender/APD <input type="checkbox"/> Assigned Counsel/GAL <input type="checkbox"/> GAL Program <b>Other:</b> <input type="checkbox"/> Travel Mileage: _____ <input type="checkbox"/> _____					
Actual Hours Worked							
<b>Scheduled For:</b> <input type="checkbox"/> Specific Case(s) <input type="checkbox"/> Morning Session <input type="checkbox"/> Afternoon Session <input type="checkbox"/> Full Day <input type="checkbox"/> 5:00 PM to 8:00 AM <input type="checkbox"/> Session/Case Canceled		<b>NOTES:</b>					

Name Of Court Official Verifying Interpreter Hours Worked (PLEASE PRINT)	Signature Of Court Official Verifying Interpreter Hours Worked
--------------------------------------------------------------------------	----------------------------------------------------------------

<input type="checkbox"/> District Court Judge	<input type="checkbox"/> CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Public Defender/APD	<input type="checkbox"/> GAL Program	<input type="checkbox"/> Magistrate
<input type="checkbox"/> Superior Court Judge	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> District Attorney/ADA	<input type="checkbox"/> Assigned Counsel/GAL	<input type="checkbox"/> Child Custody Mediator	<input type="checkbox"/> LAC

Time In	<b>In Court:</b> <input type="checkbox"/> District Court <input type="checkbox"/> Superior Court <input type="checkbox"/> Magistrate <input type="checkbox"/> Clerk Of Superior Court	Case No.	Case No.	Case No.	Case No.	Case No.	
Time Out		<b>Out Of Court:</b> <input type="checkbox"/> District Attorney/ADA <input type="checkbox"/> Public Defender/APD <input type="checkbox"/> Assigned Counsel/GAL <input type="checkbox"/> GAL Program <b>Other:</b> <input type="checkbox"/> Travel Mileage: _____ <input type="checkbox"/> _____					
Actual Hours Worked							
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Time In	<b>In Court:</b> <input type="checkbox"/> District Court <input type="checkbox"/> Superior Court <input type="checkbox"/> Magistrate <input type="checkbox"/> Clerk Of Superior Court	Case No.	Case No.	Case No.	Case No.	Case No.	
Time Out		<b>Out Of Court:</b> <input type="checkbox"/> District Attorney/ADA <input type="checkbox"/> Public Defender/APD <input type="checkbox"/> Assigned Counsel/GAL <input type="checkbox"/> GAL Program <b>Other:</b> <input type="checkbox"/> Travel Mileage: _____ <input type="checkbox"/> _____					
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<input type="checkbox"/> District Court Judge	<input type="checkbox"/> CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Public Defender/APD	<input type="checkbox"/> GAL Program	<input type="checkbox"/> Magistrate
<input type="checkbox"/> Superior Court Judge	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> District Attorney/ADA	<input type="checkbox"/> Assigned Counsel/GAL	<input type="checkbox"/> Child Custody Mediator	<input type="checkbox"/> LAC

Actual Hours Worked	Minimum Hours Charged	Hours Traveled (Add to Daily Total)	<b>DAILY TOTAL HOURS</b>	Page _____ of _____
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**(STAFF COURT INTERPRETER DISTRICTS ONLY)** If you were scheduled by a staff court interpreter, you must obtain his/her signature in addition to those of the above court officials.

Name Of NCAOC Staff Court Interpreter (PLEASE PRINT)	Signature Of NCAOC Staff Court Interpreter
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(INSTRUCTIONS on Side Two)

**INSTRUCTIONS**  
**N.C. JUDICIAL BRANCH OF GOVERNMENT**  
**FOREIGN LANGUAGE COURT INTERPRETER DAILY LOG**

**INSTRUCTIONS:** This form must be submitted once a month and within 30 days of service to support the Foreign Language Interpreter Invoice For Hours Worked (AOC-A-215) in order to be paid for services as a court interpreter for the NC Courts. For each day worked per county, a separate form must be completed. Use as many sheets of this form as necessary per day. Fill out one section of the form per location where services were provided (District Court or Superior Court if providing services during a court proceeding, child custody mediation, or child planning conference; or Assigned Counsel/GAL for an adult respondent, Public Defender, District Attorney, or GAL Program if providing services between counsel and client/witness, or DA and victim/witness, or GAL and family outside of a court proceeding, or travel) per day.

(Example: Interpreter traveled to interpret in district court for a morning session, and then interpreted in one superior court case in the afternoon. The travel time was one hour and court time was two hours in district court and a half hour in superior court. Under the first block, interpreter would put "1" under Actual Hours Worked, check Travel, and record total number of miles traveled. Under the second block, the interpreter would put "2" hours under Actual Hours Worked, would check Morning Session, and would check District Court. Under the third block, the interpreter would put half hour (.50) under Actual Hours Worked, would check Specific Case, and would check Superior Court.)

**NAME:** PRINT/TYPE the name of the Interpreter providing the interpreting service. This may not be a company name; it must be an individual's name.

**COUNTY:** List the name of the county in which the interpreting services were provided. If services were provided in more than one county, submit a separate Foreign Language Court Interpreter Daily Log (AOC-A-216) and Foreign Language Interpreter Invoice For Hours Worked (AOC-A-215) for each county.

**DATE:** List the date that the interpreting service was provided.

**SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) OR TAXPAYER ID NUMBER:** List the last four digits of the social security number of the interpreter or the taxpayer identification number for companies that provide non-Spanish interpreters.

**TIME IN:** Record time interpreter arrives for the scheduled assignment for each section.

**TIME OUT:** Record time interpreter completes assignment for each section.

**ACTUAL HOURS WORKED:** List the number of actual hours worked on that date for that section of work. Check the appropriate box(es) to indicate if the services were provided for a specific case(s), a morning session of court, an afternoon session of court, a full day of court, or outside of normal working hours (5:00 p.m. - 8:00 a.m.). Then check only one box per section of the form to indicate where or for whom services were provided, either in district or superior court for services provided in court, or for services provided out of court for assigned counsel, public defender, district attorney, or for the GAL program, or for travel time. If interpreter is assigned to a specific case and that case is canceled without providing 24 hours notice to interpreter, please mark the "Session/Case Canceled" box and indicate in which court or under whose request (DA, PD, Assigned Counsel/GAL for an adult respondent, GAL Program) the case or meeting had been scheduled.

**SCHEDULED FOR:** Place an "X" in the box which corresponds with the duration for which the interpreter was scheduled. Only mark one box in this column unless the case or session was canceled or time occurred outside of normal working hours. Interpreter should mark either of these boxes, if applicable.

**IN COURT:** Place an "X" in the box which corresponds with the court or judicial official before whom the interpreter is providing services, if services are for a court proceeding.

**OUT OF COURT:** Place an "X" in the box which corresponds with the authorized office for which the interpreter is providing interpreting services for an LEP individual outside of a court proceeding.

**CASE NUMBER:** List the individual case numbers for which interpreting services were provided (available from the court calendar). List all case numbers for cases interpreter was expected to cover, even if defendant failed to appear.

**NAME OF COURT OFFICIAL VERIFYING INTERPRETER HOURS WORKED:** PRINT LEGIBLY the name of the court official verifying the interpreter's work time for each period of the day. For example, in district court, a deputy clerk can verify the interpreter's work hours. Check the box indicating the appropriate title of the person who signs each section of the form.

**SIGNATURE OF COURT OFFICIAL VERIFYING INTERPRETER HOURS WORKED:** The verifying court official must provide his/her signature.

**ACTUAL HOURS WORKED TOTAL:** Add the number of hours from each section and record the total number of those hours worked in this box, rounded to the nearest quarter (15 minutes) hour (.00, .25, .50, or .75).

**MINIMUM HOURS CHARGED:** If the number of actual hours worked is less than the minimum, enter the minimum hours to be charged.

**TRAVEL TIME:** Enter the actual hours traveled. This is the amount of travel time you will enter on the AOC-A-215.

**DAILY TOTAL HOURS:** Enter the sum of actual hours worked total or minimum hours charged, and travel time in this box.