

**STATE OF NORTH CAROLINA
JUDICIAL BRANCH OF GOVERNMENT**

**FOREIGN LANGUAGE INTERPRETER
INVOICE FOR HOURS WORKED**

Name And Address Of Individual Providing Service (please print or type)

SSN (last 4 digits) Or Tax ID

County

Month/Year

LEVEL

Spanish A 1

Spanish A 2

Spanish B

LOTS (specify) _____

NCAOC Rate: _____

		In Court				Out Of Court				Travel			After Hours (5PM - 8AM)	
Day	Date	District Court	Superior Court	Mag. Court	Clerk	District Attorney	Public Defender	Assign. Counsel	GAL Program	Time	Miles	Parking	Hours	Travel
Sunday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
Monday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
Tuesday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
Wednesday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
Thursday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
Friday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
Saturday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
Sunday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
Monday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
Tuesday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
Wednesday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
Thursday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
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Thursday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
Friday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
Saturday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$		
TOTAL												\$		

TOTAL REGULAR HOURS

TOTAL AFTER HOURS

TOTAL AMOUNT DUE

 \$

INTERPRETER'S VERIFICATION

I certify this is a true and accurate accounting of the hours worked.

Date		Signature Of Interpreter				
Date	Signature Of Person Authorized To Administer Oaths		SEAL	<input type="checkbox"/> Notary	Date Commission Expires	County Where Notarized
Date	Signature Of Witness To Verification		Name Of Witness To Verification (please print)		<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Asst. CSC
						<input type="checkbox"/> Clerk Of Superior Court

(INSTRUCTIONS on Side Two)

INSTRUCTIONS
N.C. JUDICIAL BRANCH OF GOVERNMENT
FOREIGN LANGUAGE INTERPRETER INVOICE FOR HOURS WORKED (AOC-A-215)

INSTRUCTIONS: *This form must be submitted once a month and within 30 days of service in order to be paid for services as a court interpreter for the NC Judicial Branch. This form may be filled out by hand or by completing the electronic version of the form available on the NCAOC website. This invoice should be used only for requesting payment for providing authorized interpreting services for the NC Judicial Branch. All information must be legible and complete or the invoice will not be processed. Please mail the completed monthly invoice with attached applicable daily logs in chronological order to: Office of Language Access Services, NCAOC, P.O. Box 2448, Raleigh, NC 27602.*

NAME AND ADDRESS OF INDIVIDUAL PROVIDING SERVICES: Print/Type the name and address of the person providing the interpreting service.

SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) OR TAXPAYER ID NUMBER: List the last four digits of the Social Security number of the interpreter providing the services or the taxpayer identification number for companies providing LOTS interpreters to the NC Courts.

COUNTY: List interpreter services that were provided in one county. If services were provided in more than one county, submit a separate invoice for each county.

MONTH/YEAR: List the month and the year during which interpreter services were provided. Only one month and year can be entered per invoice.

LEVEL: Check the box indicating the classification level on the individual interpreter's contract with NCAOC. LOTS interpreters should also fill in language and NCAOC contract hourly rate.

DATE AND TOTAL NUMBER OF HOURS WORKED FOR EACH AUTHORIZED ACTIVITY: In the appropriate column, list the date the interpreter worked and the number of hours interpreting services were provided during the month in any of the following that apply: In district court or superior court, and out of court for assigned counsel/guardian ad litem for an adult respondent, out of court for a public defender, out of court for a district attorney, and out of court for a guardian ad litem attorney or volunteer for the GAL Program. Round up to the nearest quarter hour (fifteen minutes) increment (.00, .25, .50, .75). If the services were provided for a session of court, list the total hours of the session of court in the appropriate cell. If completing the form by hand, fill in the total number of hours worked during the month at the bottom of each column and fill in the total regular hours worked during the month at the bottom of the sheet.

TRAVEL: Interpreters are authorized to bill mileage and one-half of an hour for every hour of travel if traveling more than 35 miles one way, as specified in the contract. For example, if total time traveled is two hours, travel time on invoice should be entered as one hour under Travel - Time. The number of miles traveled should be recorded under the Travel - Miles column. Parking fees will be reimbursed if receipts are included with the invoice. Parking fees should be recorded under the Travel column entitled "Parking."

FOR AFTER HOURS WORK: If service has been provided outside of normal working hours (that is, 5:00 p.m. - 8:00 a.m.), please place an "X" in the small box located in the lower right hand corner of the box indicating where or for whom services were provided (e.g., district attorney, magistrate, district court). Enter the **actual hours worked** outside of the normal working hours in the After Hours column. **Do not place a mark inside the small box unless you have after hours time to report.**

TOTAL AMOUNT DUE: If filling out form by hand, place the total dollar amount due for regular hours worked and after hours worked based on interpreter's hourly rate as authorized in interpreter's contract with NCAOC. Total hours worked during normal working hours are to be calculated at interpreter's hourly rate (Total Regular Hours x Hourly Rate). After hours worked are to be calculated at the interpreter's hourly rate plus \$10 per hour (Total After Hours x (Hourly Rate + \$10)).

INTERPRETER'S VERIFICATION: Interpreter must sign the verification of time in front of the witness to the interpreter's verification.

WITNESS TO THE INTERPRETER'S VERIFICATION: Either the Clerk of Superior Court, an assistant clerk of superior court, a deputy clerk of superior court, or a notary public must date, sign, and print his/her name to verify that the interpreter signed the verification of services provided.