☐ CIRCUIT COURT ☐ DISTE	RICT COURT OF MARY	LAND FOR
OICIA		Case Number
		Case Number
Plaintiff/Defendant Name		Case Number
Type of proceeding: \square Criminal \square Civil \square	Traffic Uvenile Oth	er
	Invoic	e #:
		CE
	_	
		Telephone No
Address*:Street Address	Last 4	Digits of SSN / Full FEIN: Required by the State Comptrolle
City/County Sta	ate Zip Code	
Language / Dialect:		
Date of Assignment:	☐ 4 hr min:	
Docket Time:End:	Lunch:	Start: End:
Judge:	Courtroom No. / L	ocation:
Rate of Compensation: x	per hour	= \$
Mileage (if applicable): x	0.545 per mile	= \$
Parking (if applicable):		= \$
Travel time (if applicable): x	; <u> </u>	= \$
Cancellation: (less than 48 hours notice)		
Interpreter Notified of Cancellation: (date/tin	ne)	upon arrival
☐ 2 hr min ☐ 4 hr min	xper ho	ur = \$
Additional Charges (if applicable):		= \$
	Total Reimburseme	nt: = \$
☐ Check here if you had other assignmen	ts or cancellations today i	
Printed Name of Interpreter/Company Repres	sentative Si	ignature of Interpreter/Company Representative
*Interpreter's Home Address if Interpretation Company	's address or P.O. Box is entered.	
	FOR OFFICE USE ONLY	Y
☐ Late arrival. Time:		
☐ Compensation reduced by (round to next	quarter of hour)**:	
	APPROVED FOR PAYME	<u>NT</u>
Print Name	Authorized Signa	ature
Title	Date	

^{**}Must be authorized by AOC.