

**PUBLIC DEFENSE INTERPRETER'S FEE STATEMENT SUMMARY
FOR OUT-OF-COURT SERVICES (ATTORNEY/CLIENT COMMUNICATIONS)**

(The fee statement for non-routine expenses is included in the preauthorization for such expenses.)

1. PROVIDER INFORMATION

Provider's Name _____

Mailing Address _____

Phone No. _____ Federal Tax ID or SSN _____

Email Address: _____

2. BILLING INFORMATION

For cases filed in the county of _____ (Complete one summary for each county.)

Number of detail pages submitted with this summary: _____

For interpreter services for the period: _____ to _____

<u>Code</u>	<u>Description</u>	<u>Hrs (in 0.1) or Quantity</u>	<u>Rate</u>	<u>Amount Billed</u>
4613	Interpretation Fees	_____	_____	\$ _____
4613	Travel Fees (At ½ the regular hourly rate)	_____	_____	\$ _____
4635	Mileage	_____	_____	\$ _____
			TOTAL	\$ _____

PDSC use only Amount Approved _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

I certify that the information above is true. I have not received and will not accept direct or indirect compensation for these services other than as approved by PDSC or authorized by contract.

Signature _____

Date _____

Send completed form and supporting documentation to:

Accounts Payable
Public Defense Services Commission
1175 Court Street NE
Salem, OR 97301

Or fax to (503) 378-4463

WORKSHEET INSTRUCTIONS: Use a separate worksheet for each different county. Complete one section for each client for whom services were provided. Enter actual start and end times, even if a 1-hour minimum is claimed. All time should be entered in tenths (6 minute increments) and may be rounded up to the nearest tenth. Travel time may be claimed in addition to the 1-hour minimum for interpreter services. Mileage is paid at the OPDS guideline rate. Transfer the total amounts claimed from the worksheet(s) to the Interpreter's Fee Statement Summary. For more information regarding policies, procedures and guideline rates, visit the OPDS website at www.oregon.gov/opds.

INTERPRETER WORKSHEET FOR OUT-OF-COURT SERVICES (ATTORNEY /CLIENT COMMUNICATION)

Provider's Name: _____

Page _____ of _____ pages submitted with fee statement summary

County:			Case Number:			Client's Name:
Date	Start Time	End Time	Interpretation Time	Travel Time	Number of Miles	Printed Name of Counsel/Designee
						Signature of Counsel/Designee*
County:			Case Number:			Client's Name:
Date	Start Time	End Time	Interpretation Time	Travel Time	Number of Miles	Printed Name of Counsel/Designee
						Signature of Counsel/Designee*
County:			Case Number:			Client's Name:
Date	Start Time	End Time	Interpretation Time	Travel Time	Number of Miles	Printed Name of Counsel/Designee
						Signature of Counsel/Designee*
County:			Case Number:			Client's Name:
Date	Start Time	End Time	Interpretation Time	Travel Time	Number of Miles	Printed Name of Counsel/Designee
						Signature of Counsel/Designee*
TOTALS THIS PAGE:						

*By signing this fee statement, assigned counsel for the client, or the assigned counsel's designee, certifies that the information on this form pertaining to the services provided by the interpreter for counsel's client is accurate.