

**FIRST JUDICIAL DISTRICT COURT
CARSON CITY JUSTICE AND MUNICIPAL COURT**

COURT INTERPRETER BILLING INVOICE

INTERPRETER'S NAME: _____ INVOICE DATE: _____
 ADDRESS: _____
 CITY/STATE: _____
 TELEPHONE: _____
 TAX ID NO.: _____
 BILL TO: _____ INVOICE NO: _____

INCOMPLETE INVOICES MAY RESULT IN DELAY OF PAYMENT.

	DEFENDANT 1	DEFENDANT 2	DEFENDANT 3
DEFENDANT'S NAME			
CASE NUMBER			
ATTORNEY'S NAME			
DESCRIPTION OF SERVICE			
DATE/TIME SERVICE BEGAN			
DATE/TIME SERVICE ENDED			
ATTORNEY'S SIGNATURE			
TOTAL # HOURS			
RATE OF PAY \$65/Hour Certified \$50/Hour Non-Certified			
\$ AMOUNT			
TOTAL MILEAGE (STATE RATE PER MILE .655¢)	_____ X .655¢ = _____ (No. of Miles Total Round Trip)	_____ X .655¢ = _____ (No. of Miles Total Round Trip)	_____ X .655¢ = _____ (No. of Miles Total Round Trip)
	TOTAL AMOUNT BILLED		

**Send all completed invoices to: Wendy Yang, Judicial Assistant
885 E. Musser Street Suite 2007
Carson City, Nevada 89701**