

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

Voucher No. _____

PAID BY: Clerk, U.S. District Court
District of Hawaii

Date Voucher Prepared: _____

FOR SERVICES RENDERED: CR # _____ MAG # _____

Case Title: U.S.A. vs _____

_____ interpretation for _____
(language) (name of each defendant/witness)

Type of Hearing:

- | | | | | |
|---|--|---------------------------------|---|--------------------------------|
| <input type="checkbox"/> Initial Appearance | <input type="checkbox"/> Preliminary Hearing | <input type="checkbox"/> Plea | <input type="checkbox"/> Jury Selection | <input type="checkbox"/> Trial |
| <input type="checkbox"/> Detention Hearing | <input type="checkbox"/> A & P | <input type="checkbox"/> Motion | <input type="checkbox"/> Other | |

- | | |
|---|---|
| <input type="checkbox"/> U.S. District Judge J. Michael Seabright | <input type="checkbox"/> U.S. Magistrate Judge Kenneth J. Mansfield |
| <input type="checkbox"/> U.S. District Judge Leslie E. Kobayashi | <input type="checkbox"/> U.S. Magistrate Judge Rom Trader |
| <input type="checkbox"/> U.S. District Judge Derrick K. Watson | <input type="checkbox"/> U.S. Magistrate Judge Wes Reber Porter |
| <input type="checkbox"/> U.S. District Judge Jill A. Otake | <input type="checkbox"/> U.S. Magistrate Judge Barry M. Kurren |
| <input type="checkbox"/> Senior U.S. District Judge Alan C. Kay | <input type="checkbox"/> U.S. Magistrate Judge Kevin S. Chang |
| <input type="checkbox"/> Senior U.S. District Judge Helen Gillmor | <input type="checkbox"/> U.S. Magistrate Judge Richard L. Puglisi |
| <input type="checkbox"/> Senior U.S. District Judge Susan Oki Mollway | |

<u>Date</u>	<u>Start Time</u>	<u>End Time</u>	<u>Hours</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Hours and Amount			_____	_____

PROVIDED BY:

By affixing my signature to the right, I certify that no other Federal Court unit, Federal Public Defender, Community

Defender Organization, other attorneys or entities obtaining interpreting services in the CJA or the Defender Services appropriation have been or will be billed for the same period of service, cancellation, or travel expenses.

_____	Print Name	_____	Signature
_____	Street Address	_____	Date of Submission
_____	City, State, Zip	_____	DUNS Number, if any.
_____	Home Phone Number	_____	Work Phone Number

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Rates below have been effective since October 1, 2015

ACCOUNTING CLASSIFICATION 21 092000 DXXBBCX D09HIXC - 2523

	<u>FULL DAY</u>	<u>HALF DAY</u>	<u>OVERTIME</u>
*Certified and Professionally Qualified Interpreters:	\$ 418.00	\$ 226.00	\$ 59 per hour or part thereof
Language Skilled (Not Certified) Interpreters:	\$ 202.00	\$ 111.00	\$ 35 per hour or part thereof