

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
 District Superior Court Division

Case Name

**MOTION, APPOINTMENT AND
 ORDER AUTHORIZING PAYMENT
 OF INTERPRETER**

G.S. 7A-314; 8B-2; 8B-8; 8C-1, Rule 604

MOTION

The undersigned requests the Court to appoint an interpreter to serve in this proceeding for the reasons stated below:

Nature Of Proceeding

Name Of Person In Need Of Interpreter

Type Of Interpreter: Deaf Language [specify] _____

Date

Signature

Prosecutor Defendant's Counsel Special Counsel
 Magistrate Other _____

APPOINTMENT

The Court finds that a sufficient showing has been made for the appointment of the type of interpreter requested above.

- Interpreter For Deaf** - The Court finds that the interpreter named below is a qualified interpreter for the person named above as required by Chapter 8B of the North Carolina General Statutes.
- Language Interpreter** - The Court finds that the interpreter named below is qualified by knowledge, skill, experience, training and education to interpret the language set out above into the English language and the English language into the language set out above for the person named above.

Name And Address Of Interpreter Appointed

Date

Signature

Superior Court Judge District Court Judge
 Asst/CSC Magistrate

CERTIFICATION

I, the undersigned, certify that I served as the appointed interpreter in the above named proceeding, and I request payment for professional services and travel expenses as set out below.

Itemized Dates Of Service	No. Hours	Hourly Rate	Travel Expenses	Total
		\$	\$	\$

NOTE: If payment is to be made to interpreter individually, write "same" under payee and give interpreter's own taxpayer ID No. (either Social Security No. or Federal Employer ID No. as used by interpreter). If payment is to be made to interpreter's firm, give firm name under payee and give firm's taxpayer ID No.

Date

Signature Of Interpreter

Name And Address Of Individual Serving As Interpreter (Type Or Print)

Payee (see note)

Taxpayer ID No. (see note)

ORDER FOR PAYMENT OF INTERPRETER

It is ORDERED that the named interpreter be awarded the total shown below for professional services and travel expenses.

Date	Signature	<input type="checkbox"/> SC Judge <input type="checkbox"/> DC Judge	<input type="checkbox"/> Asst/CSC <input type="checkbox"/> Magistrate	Total
				\$

FOR USE BY AOC FINANCIAL SERVICES DIVISION

COMPANY	ACCOUNT	CENTER	AMOUNT
0201	532199004	1230 1240	

Date

Approval For Payment Signature