



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

CERTIFICATION OF INTERPRETER CLAIM

Date: _____

To: Supervisor Manager, _____ Division

Claim #: _____

Interpreter: _____

Language: _____

Coordinator: _____

Justification is required to process payment.

Reason(s) (Please check all that apply):

- Out of County: I certify that an in-county interpreter was not available on this date to interpret in the language stated above.
- A contract is not on file for this interpreter.
- This language has no interpreter under contract with San Diego Superior Court.
- The interpreter was contracted from an interpreting agency.
- Other: _____

I certify the above information is correct and request that the attached claim be released for payment.

Date: _____

Approval Signature

Please complete and return to: Mail Stop C-44, Administrative Services, Attn: Accounts Payable.

For further assistance, please call (619) 450-7199.