

**APPOINTED COUNSEL REQUEST FOR INTERPRETER SERVICES**

Case caption: \_\_\_\_\_

Court case no. \_\_\_\_\_ SPD File no. \_\_\_\_\_

Interpreter: \_\_\_\_\_ Requesting Counsel: \_\_\_\_\_

Address: \_\_\_\_\_ State Bar ID #: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

court certified interpreter     other qualified interpreter

**Attorney's Declaration**

**I have determined that interpreter services are necessary to facilitate communication with my client. I am retaining the services of the above named interpreter. I understand that if I find that I need more than 12 hours of billable interpreter time or if the interpreter charges more than the reimbursement rates set by the office of the Director of State Courts, I am required to submit an expense request to the Wisconsin State Public Defender and obtain prior approval. I have communicated to the above named interpreter that s/he will be paid at the rates listed below and that they are required to submit an itemized bill of their time.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**To the interpreter:** The Wisconsin State Public Defender will pay interpreters at the reimbursement rates set by the office of the Director of State Courts.

Interpreters are paid by the respective counties, which in turn, may be reimbursed by the State if a determination of indigency has been made. The maximum reimbursement rate to the counties is \$40 for the first hour and \$20 for each additional ½ hour for using certified interpreters and \$30.00 for the first hour and \$15 for each additional ½ hour for other qualified interpreters. Interpreters must submit an itemized bill showing each date services were provided, may bill a minimum of one hour, and may bill additional time by the ½ hour. Interpreters may charge travel time if the trip requires traveling a distance of more than 30 miles, one way, from the interpreter's principal office. Interpreters may also charge mileage at the state rate in effect at the time of the service. Interpreters should send itemized bills to the SPD Administration Office, PO Box 7923, Madison, WI 53707-7923.

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I hereby certify that the attached invoice accurately reflects the billable time I spent providing interpreter services in the above entitled matter.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Interpreter

**This original request form must accompany your invoice.**