

STATE OF MICHIGAN
6th JUDICIAL CIRCUIT
OAKLAND COUNTY PROBATE

OAKLAND COUNTY INTERPRETER
BILLING STATEMENT AND
VERIFICATION

CASE NO.
DATE OF SERVICE

Court address
1200 N. Telegraph Rd. Pontiac, MI 48341

Interpreter Name: _____

Address: _____ Phone #: _____

Vendor ID#: _____

Language: _____

Case Name: _____ Judge/Referee: _____

Pick from list or type name of Judge/Referee if not listed

Where was service rendered: Circuit Court Probation Other: _____
 Probate Court Juvenile Jail

NOTICE TO INTERPRETER: Your hours must be verified by one of the judge's staff prior to submitting to the Court Administrator's Office for payment. Please email this voucher to the court clerk and/or secretary of the above named-judge for verification. SUBMIT A SEPARATE FORM FOR EACH DAY OF SERVICE. For interpreter instructions please visit <https://www.oakgov.com/home/showpublisheddocument/16248/638163716326946538>

Hours of Interpretation

Total Hours (2 hour Minimum)

_____ To _____

_____ To _____

By typing my name in the box below, I agree that I have not received compensation from any source for providing this service. I have no expectation of receiving, nor will I accept any other compensation.

Date

/s/ _____
Interpreter signature

NOTE: To fill out and submit this form, you must have a PDF viewer such as Adobe Acrobat or a browser that supports the use of fillable forms such as Internet Explorer 11. Adobe Acrobat Reader is available for many platforms including mobile devices. **CLICK HERE to download Adobe Acrobat Reader.** You must email the completed form to the chambers where service was rendered for approval.

Do not write below this line – FOR COURT USE ONLY

Date

/s/ _____
Name of Court Clerk/Secretary who verified above information

Approved Amount Approved By

Questions call: (248) 858-0603

Additional forms may be obtained from the Court's website: <https://www.oakgov.com/home/showdocument?id=1694&t=638041163805032492>

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