

VERIFICATION OF SERVICE (VOS)

THE TRANSLATION & INTERPRETING CENTER

PO Box 18975

Denver, CO 80218

Voice: 303-996-0976 Fax: 303-996-0974 Email: info@ticenterdenver.com

TI Center Contract Interpreter Name: _____ Language: _____

Service Date: _____ Name of Client/Patient/Defendant: _____

Location: _____ Total Interpretation Time: _____

Arrival Time: _____ Departure Time: _____

SERVICE TO THE COURTS

County Court _____ District Court _____ Municipal Court _____ _____ County, Colorado Court Address: _____ PEOPLE OF THE STATE OF COLORADO vs. Defendant: _____ Attorney or Party Without Attorney (name and address): _____ _____ Phone: _____ Fax: _____ Email: _____ Attorney's Regular #: _____	^ Court Use Only ^ Case Number: _____ Division: _____ Courtroom: _____
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MOTION AND ORDER TO PAY THE TRANSLATION & INTERPRETING CENTER

I request the Court for an Order authorizing payment of fee(s) based upon the below items:

Name of Party		Court Time	Waiting Time	

SERVICE VERIFICATION SIGNATURE

By signing below, I am verifying that The Translation & Interpreting Center Interpreter:

_____ Provided interpreting services during the time frame(s) specified above.

_____ Appeared but was not needed because:

_____ The defendant/client/patient did not appear.

_____ The appointment was cancelled or rescheduled.

_____ Other: _____

Signature of Verifying Party Title

Date

Print Name