



**First Judicial District of Pennsylvania
Court Reporter/Interpreter Administration**

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Deputy Court Administrator

PER DIEM INTERPRETER VERIFICATION FORM

TO: ALL COURT OFFICERS

**KINDLY COMPLETE THIS FORM AND SECURE THE SIGNATURE OF THE PER DIEM
INTERPRETER PRESENT IN YOUR COURTROOM.**

_____ vs. _____

CP/MC/DR/PETITION# _____

JUDGE _____

ROOM _____ DATE _____

CJC	34 S. 11TH ST.	1801 VINE ST.	27 S. 12TH ST	46 S. 11TH ST
8TH & SPRING GARDEN	YOUTH STUDY CTR.	OTHER		

LANGUAGE _____ AGENCY _____

NAME OF INTERPRETER _____

ARRIVAL TIME _____ DEPARTURE TIME _____

INTERPRETER SPENT A TOTAL OF _____ HRS. _____ MIN. IN COURT THIS DATE

INTERPRETER
SIGNATURE _____

COURT OFFICER
SIGNATURE _____

**PLEASE RETURN THIS FORM TO ROSEANN DIPRIMIO,
COURT REPORTER/INTERPRETER ADMINISTRATION, 100 S. BROAD ST., 2ND FL.**

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.