



ADMINISTRATIVE OFFICE OF COURTS  
COURT INTERPRETER CREDENTIALING PROGRAM  
**INTERPRETER MONTHLY ACTIVITY REPORT**

FOR OFFICE USE ONLY: DATE RECEIVED: _____ RECEIVED BY: _____
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Month \_\_\_\_\_ Year \_\_\_\_\_

Please print the following information:

Name \_\_\_\_\_ Interpreter ID Number \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Only Certified Interpreters have an ID number)  
 Mailing Address \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

\_\_\_\_\_ I hereby certify that I have performed the following interpretive services for the month.

Dates of Service	Language	Summary of Services	Court or Agency	Case Name/Docket Number	Requesting Official

\_\_\_\_\_ I hereby certify that I have NOT performed interpretive services for the month.

\_\_\_\_\_ Date \_\_\_\_\_ Interpreter's Signature

**DUE ON OR BEFORE THE 10<sup>TH</sup> OF THE MONTH FOLLOWING THE MONTH IN WHICH SERVICES WERE RENDERED.**

Mail the completed report to:  Administrative Office of Courts Court Interpreter Credentialing Program P.O. Box 117 Jackson, Mississippi 39205  Signed forms may be emailed to: <a href="mailto:lcourts@courts.ms.gov">lcourts@courts.ms.gov</a>
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