



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

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

Please print the following information:

Name \_\_\_\_\_ Interpreter ID Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

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

\_\_\_\_\_ See additional pages (if needed).

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 quarter.

\_\_\_\_\_ Date

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

**DUE ON OR BEFORE THE 1<sup>ST</sup> DAY OF THE MONTH FOLLOWING THE QUARTER IN WHICH REPORT IS DUE. SEE SECTION 6.02 COURT INTERPRETER MANUAL.**

<p>E-Mail the signed, completed report to: deenie.miller@courts.ms.gov</p> <p>For questions contact: Deenie Miller, Language Access Coordinator 601-359-4469</p>
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