COURT INTERPRETER DAILY ACTIVITY LOG COUNTY OF RIVERSIDE

WBS Element Codes: O-339405 = O-339406= G-331059-1-17=

Regular Time:

Interpreter Name:

Language:
If you interpret in more than one ID language in the "notes" column that cooresponds with the case number.

Court Location: _____

Assignment Date and Number:
(mm/dd/yyyy)

Status: ( )Certified/Registered
( )Provisionally Qualified

Day/Hour: ( ) *Half day ( )| ( ) Night

Complete Time and Mileage if applicable:

***AM/PM:** ( ) AM ( ) PM

Time In: *Time Out:*

RATE: **Travel Time:** **Parking:** **Mileage(# of Miles):**

**REMOTE: If you interpret any case via a "Remote Method", specify either TI=Telephonic or VRI=Video Remote*
Please Note: The VRI method is used for American Sign Language Interpreters.

*Remote Method	Department	Case Number	# (total the number of event types performed)	Case Type (select the appropriate case type from the drop down menu for each case number)	Event Type (enter all event types for all services provided. One event type per box should be recorded. You may also select an event type from the drop down menu. A key for all event types are located below)						Notes/ *ID Language / Explain "Other (specify)"
	Total # of Interpretations:				**Interpreters Signature:**						

Codes and Definitions

Case Type

CH Civil Harassment	F Felony	MH Mental Health
CO Civil (Other)	FC Family (Child Support)	O Other (Specify)
DP Dependency	FO Family (Other)	PG Probate (Guardianship/Conservatorship
DQ Delinquency	FT Family (Trmnt of Prntl Rts)	PO Probate (Other)
DR Drug Court	I Infraction	PA Public Assistance
DV Domestic Violence	M Misdemeanor	T Traffic
EA Elder or Dependent Adult Abuse		UD Unalwful Detainer

Event Type

A Arraignment
C Conference
O Other (Specify)
PL Plea
PT Pre-Trial
PX Preliminary Hearing
R Review Hearing
S Sentencing
T Trial
M Mediation
SC Small Claims

Revised 1/13/15