

**INSTRUCTIONS FOR COMPLETION OF THE INVOICE VOUCHER FOR  
REIMBURSEMENT OF COSTS FOR AOIC REGISTRY INTERPRETERS**  
Form AOIC-CJDIVCIR

These instructions are intended to assist you in preparing the invoice voucher for partial reimbursement of costs associated with using a sign language interpreter, certified, qualified, or registered foreign language interpreter listed on the Administrative Office of the Illinois Courts' Interpreter Registry ("AOIC Registry Interpreters"). The AOIC will reimburse all costs associated with the use of certified and qualified interpreters listed on the AOIC Registry AND certified and qualified interpreters from other states, whether used in person or remotely over phone or video. Interpreters from other states are considered certified if they have met the same testing requirements for certification in Illinois (passage of the written exam at 80% and passage of the oral exam at 70%). Interpreters from other states are considered qualified if they have met the same testing requirements for qualified status in Illinois (passage of the written exam at 80% and highest score on an oral proficiency interview). The AOIC will offer partial reimbursement for the use of registered interpreters listed on the AOIC Registry at a rate of \$30/hour. Interpreters must have met certain requirements to be listed on the AOIC Registry. The Registry and program requirements can be found at:

<http://www.illinoiscourts.gov/CivilJustice/LanguageAccess/default.asp>

**PLEASE NOTE: Circuit courts can receive reimbursement of costs ONLY for AOIC Registry Interpreters and certified interpreters from other states. Also, costs associated with using full-time or part-time staff interpreters employed by the circuit court do NOT qualify for reimbursement, even if the interpreter is listed on the AOIC Registry.**

To help you complete the invoice voucher, please see instructions listed below.

**Box 1. General Instructions.** Please read the general instructions in this box for preparing the voucher and distributing the original signed voucher and copies.

**Box 2. County Information (optional).** Each county has the discretion to use the space provided in this box if they wish to keep track of the following: the month and year of the invoice voucher, the applicable county and applicable department.

**Box 3. County Information (required).**

- a. Enter the county's taxpayer identification (FEIN) number.
- b. Enter the county treasurer's name.
- c. Enter the county treasurer's address. **The reimbursement will be mailed to this address.**

**Box 4. AOIC use only.** Please leave blank.

**Box 5. Description of Claim.**

- a. **Date of Service.** Enter the date for the services listed on this voucher. Please note the date must be within the State's fiscal year (July 1- June 30). Please do not list the same interpreter for the same date on multiple lines. Please list the total amount that was paid to the interpreter for that date of service on one line.

- b. **Interpreter Name.** Enter the name of the interpreter that provided services on the date you indicated. Please do not list the same interpreter for the same date on multiple lines. Please list the total amount that was paid to the interpreter for that date of service on one line.
- c. **Interpreter ID.** Enter the interpreter's AOIC Registry identification number. Each interpreter listed on the AOIC Registry has a unique 4-digit identification number. If you have used a certified interpreter from another state, please write the state in this column (*e.g.*, Wisconsin). **Please note that costs associated with non-certified interpreters not listed on the AOIC Registry will not be reimbursed. Also, costs associated with using full-time or part-time staff interpreters employed by the circuit court will not be reimbursed, even if the interpreter is listed on the AOIC Registry.**
- d. **Interpreter Type.** Select the interpreter type from the dropdown menu.
  - 1. Select "Certified/ASL" for:
    - i. Certified foreign language interpreters,
    - ii. Qualified foreign language interpreters,
    - iii. Sign language interpreters listed on the AOIC Registry, or
    - iv. Interpreters that have met the same requirements for the above certification categories in other states.
  - 2. Select "Registered" for registered foreign language interpreters listed on the AOIC Registry.
- e. **Language.** Enter the language for which the interpreter provided services.
- f. **Total Charges Paid by County.** Enter the total amount of compensation that the county provided to the interpreter, inclusive of fees, per diem, mileage and travel time, if applicable.
- g. **Total Interpreter Services.** Enter the total amount of minutes for which the interpreter was compensated by the county. For example, if an interpreter charged a two-hour minimum, you would enter 120 in this column, even if the interpreter only provided services for 30 minutes.
- h. **Total AOIC Reimbursement.** Once the interpreter type is selected and the total charges paid by the county are entered, the total amount of reimbursement is automatically generated in this field. The AOIC will reimburse all costs associated with the use of certified interpreters and sign language interpreters listed on the AOIC Registry, and for certified interpreters from other states. The AOIC will reimburse \$30/hour (\$0.50/minute) for registered interpreters on the AOIC Registry. This field is locked and cannot be changed.
- i. **Voucher Total.** The total amount of reimbursement from each date of service entered will be automatically totaled and generated in this field. This field is locked and cannot be changed.

**Box 6. County Treasurer's Certification and Chief Circuit Judge's Approval.** In the first space, enter the treasurer's name. In the second space, enter the county name. The county treasurer or their designee should sign and date the invoice voucher on the first signature and date line. The Chief Judge or their designee should sign and date the invoice voucher on the second signature and date line.

Before acquiring signatures, please forward the excel version of the voucher to [sakbar@illinoiscourts.gov](mailto:sakbar@illinoiscourts.gov) for data collection purposes.

Once the invoice voucher is completed with signatures, please retain a copy for your records and forward the original invoice voucher to the AOIC Language Access Services Specialist via:

- Email at [sakbar@illinoiscourts.gov](mailto:sakbar@illinoiscourts.gov) OR
- Fax the voucher to 312-793-1335, Attn: Sophia Akbar OR
- Mail the voucher to Administrative Office of the Illinois Courts, Language Access Services Specialist, 222 N. LaSalle St., 13th floor, Chicago, IL 60601

Please also provide copies of the vouchers to the offices of the Chief Judge & County Treasurer or their designees.