

**The North Carolina State Bar  
Board of Paralegal Certification  
Foreign Language/Sign Language Interpreter  
Request for Reimbursement**

Attorney name: \_\_\_\_\_

Law firm/employer: \_\_\_\_\_

Mailing address:

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Reimbursement Information**

*Please note that the maximum amount of reimbursement available per client is \$300.*

Client's name: \_\_\_\_\_

Client's disability: \_\_\_\_\_

Describe interpreter services provided:

Date(s) provided: \_\_\_\_\_

Interpreter's name and license number: \_\_\_\_\_

Total cost of interpreter services: \_\_\_\_\_

Please attach a copy of the invoice for interpreter services provided to the client.

*Please allow 4-6 weeks for reimbursement.*

RETURN TO: Director, The North Carolina State Bar Board of Paralegal Certification,  
PO Box 25908, Raleigh, NC 27611