

INDIVIDUAL TIMESHEET

**GENEVA WORLDWIDE, INC.**

261 WEST 35<sup>TH</sup> STREET – SUITE 700

NY, NY 10001

212-255-8400 (Phone)

212-255-8409 (Fax)

FOREIGN LANGUAGE INTERPRETING  
SERVICE VERIFICATION FORM

No: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Address / Location: \_\_\_\_\_

**INTERPRETERS**

Case Name \_\_\_\_\_

Date Held \_\_\_\_\_

Case # \_\_\_\_\_

Time Scheduled: \_\_\_\_\_

Time Commenced: \_\_\_\_\_ Time Completed: \_\_\_\_\_

Interpreter's Name: \_\_\_\_\_

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

\_\_\_\_\_

**Print Name of Client**

\_\_\_\_\_

**Print Title of Client**

\_\_\_\_\_  
**Signature of Client (to be signed at end of deposition, EBT, 50-h Hearing or other matter)**