Reset Form

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SANTA CLARA

COURT INTERPRETER DAILY ACTIVITY LOG

Interpreters' Name: _____ **Language:** _____

If you interpret more than one language, ID language in the "*Notes" column that aligns with the case number.

Court Location: _____

Assignment Date: _____ (mm/dd/yyyy)

Classified As: ☐ Cert/Reg ☐ Prov. Qualified ☐ Non-Cert/Non-Reg

Session: ☐ AM ☐ PM ☐ Full Day ☐ Night *Complete Time and Mileage if applicable:*
*Time in:*_____ *Time out:*_____ *Mileage:*_____

***Method:** *If you interpret any case via a "Remote Method", specify either telephonic or VRI (video remote) & enter location in the "*Notes" column.*

Case Type	# of Cases	Case Number	Event Type (trial or non-trial)	Event Details (arraignment, conference, plea, judgement, etc.)	*Method (Telephonic or VRI)	*Notes
Total # of Cases:	0					

Interpreter's Signature: _____

Codes and Definitions
Case Types

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

Event Details

A	Arraignment	**DH**	Default Hearing	**M**	Mediation	**PH**	Preliminary Hearing	**S**	Sentencing
C	Conference	**H**	Hearing (other)	**MHE**	Mental Health Evaluation	**PT**	Pre-Trial	**STF**	Sight Translation/Forms
CNT	Continuance	**J**	Judgment	**OSC**	Order to Show Cause	**RP**	Restraining Order	**TRO**	Temporary Restraining Order
CTA	Counter Assist	**JH**	Jurisdiction Hearing	**PG**	Parent/Guardian	**RH**	Review Hearing	**VW**	Victim/Witness
DSV	Dismissed/Vacated	**JJ**	Jury/Juror	**PL**	Plea	**SHC**	Self Help Center	**VOP**	Violation of Probation