

**CLAIMS FORM FOR INTERPRETER SERVICES**

**Rates:**

Hourly: \$55.00 Spanish \$65.00 All Other Languages

**(Billable in 30-minute Increments)**

Minimum: \$110.00 Spanish \$130.00 All Other Languages

Cancellation: \$75.00 If cancelled within 24-hrs of assignment with no reassignment

Service Date	Defendant/Client Name	Cause/Case/ PID Number	Language Type Requested	Actual Start Time	Lunch Out	Lunch In	Actual Departure Time	Total Hours Worked	Hourly Rate	Payment Amount Due
<b>TOTAL:</b>										

I, the undersigned interpreter, was appointed to interpret for the above named defendant(s)/client(s) and am requesting payment in accordance with the laws of the State of Texas. I further affirm to the truth and correctness listed of the above services performed; and I have not received nor will I receive any other monies or anything else of value for said services.

Interpreter Signature \_\_\_\_\_

Street Address:

Interpreter Information  
Interpreter Name//License #

City, State, Zip

Telephone Number

Federal Tax I.D./Social Security Number

I, the undersigned Judge of Dallas County, Texas,/or other authorized official, do hereby certify that the interpreter shown above has been appointed to represent the defendant(s)/ client(s), and that said interpreter is entitled under Article 38.30, Texas Code of Criminal Procedure and/or Section 21.003, Civil Practice and Remedies Code, to be paid from the General Fund of Dallas, County, Texas.

\_\_\_\_\_  
Judge or Authorized Personnel Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Number/Court Number