

ORDER FOR PAYMENT OF FOREIGN LANGUAGE INTERPRETER FEES

For Non-Employees (As permitted by Art. 38.30, Code of Criminal Procedure)

NOTE: This form is NOT to be used for payment of sign language interpreters. Payment of sign language interpreters is requested using the proper ADA form.

The services of a foreign language interpreter were required in the following cases.

Rate*	Hourly	Maximum Per Day
Hearing	\$40.00	\$240.00
Trial	\$55.00	\$330.00

*Only one rate is applicable per day

The trial rate applies to court and jury trials only. All other proceedings are paid at the hearing rate.

Type of Court Assignment (District, County, Detention, or JP): _____

Foreign Language: _____

Complete all fields. Incomplete forms will not be processed.

Case Type (Criminal, Juvenile, Civil, Probable Cause, etc.)	Case Number* (List All Cases Worked)	Court Number	Jury / Court Trial	Indigent
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

* If Case Number is not available, use SPN Number or Juvenile Number.

PAYMENT TOTAL

Date of Service: _____ Arrival Time: _____ Departure Time: _____

_____ Hours to be paid at the _____ rate. **Total Fee \$** _____

PERSONAL INFORMATION

Social Security Number / Tax Identification Number	State Certificate Number	Telephone Number
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Mailing Address (Number, Street, Suite, City, State, Postal Code)

CERTIFICATION

I, _____ (print or type name) do swear or affirm to the Harris County Auditor that they may rely upon the information contained above to make payment accordingly. I further swear or affirm that I have not nor will I receive any other money or anything else of value for my service to the Court.

 INTERPRETER (SIGNATURE)

Sworn to and Subscribed before me on this the _____ day of _____, _____.

 DISTRICT CLERK DEPUTY (SIGNATURE)

APPROVED: _____
 AUTHORIZED SIGNATURE

DATE SIGNED: _____