

LANGUAGE INTERPRETER SERVICES FEE VOUCHER MONTGOMERY COUNTY, TEXAS

Interpreter Name:	State Certification No.
Payment Address:	Language:
	Phone Number:
	Email:

PC Court
 Interpreter of the Day
 Jury Trial

SERVICES RENDERED:

Date(s) of Service: _____

Please record the Court and Cause Number for **EACH** case for which you are requested to act as interpreter.

Cause Number	Services Provided Y/N?	Court Staff Initials	Cause Number	Services Provided Y/N?	Court Staff Initials

Additional pages attached?

MONTGOMERY COUNTY FIXED PAY RATES:

Non-Jury Hourly: \$55.00	Non-Jury Half Day Minimum: \$220.00	County Holiday Rate: \$82.50/hr
Jury Trial Hourly: \$65.00	Jury Trial Full Day Minimum: \$650.00	Jury Trial Rate after 6:00 PM: \$97.50/hr

REPORT TIME: _____ **RELEASE TIME:** _____

PC/ Half day Minimum Rate: \$ _____

Additional Non-Jury hours after 12:00 NOON, full hour increments _____ @ \$55.00/hr = _____

JURY TRIALS ONLY: _____ full days @ \$650.00 = \$ _____

JURY TRIALS ONLY: _____ additional hours x \$65.00/hr = \$ _____

COUNTY HOLIDAY OR JURY TRIALS ONLY: _____ hours @ applicable time and a half rate = \$ _____

Mileage, only if business address outside of Montgomery County: _____ Miles @ 65.5¢ per mile = \$ _____

TOTAL PAYMENT REQUESTED: \$ _____

PLEASE NOTE, YOU MAY NOT SUBMIT MORE THAN ONE VOUCHER PER DAY.

I, _____, do hereby file this Fee Voucher as an Itemization of Time, Services, and Expenses and do solemnly swear or affirm that the above information is true and correct.

Date: _____

Interpreter's Signature: _____

Date: _____

OCA Director Signature: _____

