

LANGUAGE INTERPRETER SERVICES FEE VOUCHER
JUSTICE OF THE PEACE COURTS
MONTGOMERY COUNTY, TEXAS

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

SERVICES RENDERED:

Date of Service: _____

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

| Cause Number | Court | Arrival Time | Departure Time | Court Staff Initials |
|--------------|-------|--------------|----------------|----------------------|
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Additional pages attached?

MONTGOMERY COUNTY FIXED PAY RATES:

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|----------------------------|---------------------------------------|---|
| 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 |

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.

Submit vouchers via email to Court.Administration@mctx.org

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: _____

