



# DISTRICT COURT OF THE VIRGIN ISLANDS

## INTERPRETER INVOICE FOR SERVICES RENDERED

I, \_\_\_\_\_, provided interpreter services on \_\_\_\_\_ for the District Court of the Virgin Islands – \_\_\_\_\_

I translated from ENGLISH to \_\_\_\_\_ and \_\_\_\_\_ to ENGLISH.

I appeared in Court from \_\_\_\_\_ to \_\_\_\_\_.

**CASE INFORMATION:**

- 1. USA v. \_\_\_\_\_ Case No. \_\_\_\_\_ Before Hon. \_\_\_\_\_
- 2. USA v. \_\_\_\_\_ Case No. \_\_\_\_\_ Before Hon. \_\_\_\_\_
- 3. USA v. \_\_\_\_\_ Case No. \_\_\_\_\_ Before Hon. \_\_\_\_\_

**TYPE OF HEARING:** \_\_\_\_\_

**I UNDERSTAND THAT THE FEES FOR SERVICES RENDERED ARE AS FOLLOWS:**

Was testing completed prior to the hearing(s)?    Yes        No        Total testing time:

[CHECK ONE]	Full Day	Half Day	Overtime
Federally Certified Interpreter Rate:	\$566.00	\$320.00	\$80.00 x ___ hours
Professionally Qualified Interpreter Rate:	\$495.00	\$280.00	\$70.00 x ___ hours
Language Skilled Interpreter Rate (Non-Certified):	\$350.00	\$190.00	\$44.00 x ___ hours
Language Skilled Interpreter Rate: <i>(Other-As approved by the AO)</i>	\$ _____	\$ _____	\$ ___ x ___ hours

**CERTIFICATION**

I hereby certify that I personally rendered the services described herein for payment requested, that said services were rendered in accordance with the Contract Court Interpreter Services, and that no other federal court unit, federal public defender, community defender organization, or other attorneys or entities obtaining interpreting services under the Criminal Justice Act or the related statutes, or the Defender Services appropriation, or any other federal agency or entity has been or will be billed for the same period of service, cancellation or travel expenses for any services rendered during the same half or full-day, other period of service, or time covered by a cancellation fee or travel expense reimbursement for which I am being compensated pursuant to the contract.

Signature: \_\_\_\_\_ Verified by: \_\_\_\_\_, Courtroom Deputy

Date: \_\_\_\_\_

PO No.: \_\_\_\_\_

**APPROVAL**

Contracting Officer/Authorized Representative: \_\_\_\_\_ Date for Payment: \_\_\_\_\_