



DISTRICT COURT OF THE VIRGIN ISLANDS

INTERPRETER INVOICE FOR SERVICES RENDERED

I, _____, provided interpreter services for the District Court
of the Virgin Islands - Division of St. Thomas on _____.

I translated from **ENGLISH** to _____ and _____ to **ENGLISH**.

I appeared in Court from _____ to _____
(hh:mm am/pm) (hh:mm am/pm)

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:

<input type="checkbox"/> ADVICE OF RIGHTS	<input type="checkbox"/> ARRAIGNMENT
<input type="checkbox"/> CHANGE OF PLEA	<input type="checkbox"/> PRELIMINARY / DETENTION
<input type="checkbox"/> BAIL/BOND HEARING	<input type="checkbox"/> TRIAL
<input type="checkbox"/> SENTENCING	<input type="checkbox"/> EVIDENTIARY HEARING
<input type="checkbox"/> REVOCATION HEARING	<input type="checkbox"/> OTHER:

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

[CHECK ONE]

Federally Certified Interpreter Rate:	\$566.00 (Full Day)	\$320.00 (Half Day)	\$80.00 (Overtime per hour or part thereof: X hrs.)
Professionally Qualified Interpreter Rate:	\$495.00 (Full Day)	\$280.00 (Half Day)	\$70.00 (Overtime per hour or part thereof: X hrs.)
Language Skilled Interpreter Rate: (Non-Certified)	\$350.00 (Full Day)	\$190.00 (Half Day)	\$44.00 (Overtime per hour or part thereof: X hrs.)
Language Skilled Interpreter Rate: (Other--As approved by the AO)	(Full Day)	(Half Day)	(Overtime per hour or part thereof: x hrs.)

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: _____

Date Executed: _____

BPA Number: _____

Verified by: _____

, Courtroom Deputy

If not applicable type "NA"

APPROVAL

Contracting Officer/Authorized Representative

Date Approved for Payment: _____