

**ORDER FOR PAYMENT OF FOREIGN LANGUAGE INTERPRETER FEES
TRINITY COUNTY, TEXAS**

Rate*	Per Day	Per ½ Day
Hearing	\$275	\$137.50
Trial	\$275 1 day minimum	

*The trial rate applies to court and jury trials only and will pay 1 day minimum. All other proceedings paid at the hearing rate and only one day maximum per day. No hourly rate applies.

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

Case Type (Criminal, Juvenile, Civil, Probable Cause, etc.)	Case #	Court #	Jury/Court Trial	Indigent
_____	_____	_____	yes___no___	yes__no__

PAYMENT TOTAL

Date (s) of Service: _____ Arrival Time: _____ Departure Time: _____
 _____ Days to be paid at the _____ rate.
 _____ Days to be paid at the _____ rate. **TOTAL FEE:** _____

PERSONAL INFORMATION

Social Security No./ Tax I.D. No.	State Certification No.	Telephone Number
_____	_____	_____

Mailing Address: _____

CERTIFICATION

I, _____ do swear or affirm to the Trinity County Auditor that they may rely on 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 of value for my service to the Court.

Interpreter (Signature)

Approved: _____ Date signed: _____