

**UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS**

NOTICE REGARDING INTERPRETER RATES

The maximum rates for payment of contract court interpreters have been increased effective April 1, 2009. This adjustment to the maximum rates does not automatically increase any exceptions to the rates previously approved. The new rate schedule effective April 1, 2009 is as follows; all values are maximum amounts:

Certified and Professionally Qualified Interpreters:	Language Skilled (Non-Certified) Interpreters:
Full-Day: \$384	Full-Day: \$185
Half-Day: \$208	Half-Day: \$ 102
Overtime: \$ 54 per hour or part thereof	Overtime: \$ 32 per hour or part thereof

Questions concerning court interpreters may be directed to Douglas Holmes, Property/Procurement Administrator, USDC, District of Massachusetts at (617) 748-9079 or Samantha Stoutenberg, Procurement Assistant at (617) 748-9081.

March 24, 2009

Sarah Allison Thornton
Clerk of Court

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

PURCHASE ORDER/REQUEST FOR PAYMENT FOR INTERPRETING SERVICES

PLEASE PRINT OR TYPE

V.

CASE NUMBER: _____

FROM:

Name

Street City Zip

Social Security Number Telephone Number

I hereby certify that I am Certified _____ Prof. Qualified _____ Non-Certified _____

to interpret in the following Language _____ and executed a contract with the Court on _____

TYPE OF PROCEEDINGS:

Description: _____

Location: _____

DATE: _____ Begin Time: _____ am/ pm End Time: _____ am/pm

HALF DAY _____ FULL DAY _____ AMOUNT _____

Distance from residence to location must be more than 30 miles one way in order to claim any travel expenses.

TRAVEL EXPENSES: # OF MILES _____ @ \$ _____ PER MILE AMOUNT _____

TOLLS _____ PARKING _____ AMOUNT _____

OTHER EXPENSES: _____ AMOUNT _____

(Itemize and attach receipts)

Courtroom Deputy/Pretrial/Probation verification that Information is correct and accurate: _____ (initials)

DOCUMENT TRANSLATION:

DATE: _____ TOTAL # OF WORDS/PAGES _____ RATE PER WORD _____

AMOUNT _____

OTHER EXPENSES: _____ AMOUNT _____

TOTAL AMOUNT OF INVOICE: _____

Date: _____

Submitted by: _____

(Interpreter's Signature)

Date approved _____

Certifying Officer _____ Title _____

092000-DXXBBCX-D01MAXJ/M-2523

INTERPRETER RATES: Effective April 1, 2009

Certified and Professionally Skilled - Full Day \$384 / Half Day - \$208 Overtime \$54 per hour of part thereof

Language Skilled (Non-Certified) - Full Day - \$185 / Half Day - \$102 Overtime \$32 per hour or part thereof ** Mileage - 55 cents as of 2/1/09