

On-Site Interpreter Rate & Authorization

Fax to 909-388-1796.

Interpreter Category	General Meeting Hourly Rate	Medicals/Hearing Hourly Rate	Court/Depositions Half/Full Day Rate
Spanish (Qualified)	\$45	\$55	\$175/ \$350 (up to 3 1/2 hrs/ 6 hrs)
Spanish (Certified)	\$75	\$95	\$275/ \$475
Sign Language (Qualified)	\$45	\$55	N/A
Sign Language (Certified)	\$65	\$75	\$275/ \$495
Other Languages (Qualified)	\$75	\$75	\$275/ \$495
Other Languages (Certified)	\$150	\$150	\$550/ \$850
Conference (Spanish)	\$95/ hr or \$750 per day	Medical conference \$1,350/day	
Conference (Other)	TBD to be quoted prior to scheduling.		

Above interpreter rates as are subject to availability.

2-hour minimum charge applies except for court assignments or depositions (see Rate Exceptions below). Each hour after 2 hours is billed in half-hour increments. Charge will commence from interpreter's initial arrival to interpreter's final departure.

Additional Charges: Mileage to be billed at \$.55/mi round trip from interpreter's location to site. Parking fees, tolls or entrance fees to be charged separately.

Cancellation Policy: When an interpreter has been arranged for your appointment, that interpreter allocates the time for your assignment alone and is therefore not able to accept other assignments for that committed time period. Consequently, should the assignment cancel with less than a 24 hour business day cancellation notification, we must bill for the scheduled time.

Rate Exceptions: Depending upon interpreter availability, rates may need to be altered accordingly and such alterations will be made known, if necessary at the time of each individual request. Certified interpreters for court assignments or depositions will require half-day and full-day minimum billing rather than per hour billing. Half-day is anytime between 8:30am and 12:00pm or between 1:30pm to 5:00pm. Interpreter time beyond 3 1/2 hours consecutively or time extending into any portion beyond 12:00pm, regardless of starting time automatically extends to full day rate unless other arrangements are previously made. Extra time beyond 6 consecutive hours or beyond 7 hours in total is additional and is billed in hourly increments based upon half-day rate divided by 6 consecutive hours. Interpreter's presence at the assignment, whether or not his or her services are actually used is sufficient to determine time for billing.

Assignment information:

Name of Company _____

Name of person requesting interpreter: _____

Date(s) needed: _____

Language(s) needed: _____ Certified Non-Certified (Please note the fees above & circle which level you are requesting)

Do you need more than (1) interpreter for this specific assignment? If so, how many? _____

Time interpreter is to arrive: _____ Expected Duration: _____

Location of the assignment: _____

Case Name: _____ Case or File #: _____

Fax Number () _____ Fees for Services: (To be completed by NWLS, Inc staff) _____

Additional Information: _____

By signing below, you are authorizing the charge for interpreter services. If we do not have a signed Account Set-Up form on file, please download one at www.OrderInterpreters.com. Signature on this form accepts all of the terms and conditions of the Account Set-Up Form.

Authorized signature: _____ Date of signature: _____

Phone number _____ E-Mail _____