



LAD STAFF USE ONLY
APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No
AMOUNT APPROVED:

Language Access Fund On-Site Interpretation Reimbursement Form

Please send this completed form and the invoice along with proof of payment such as a copy of the check or an invoice showing a zero balance for the interpretation services you wish to have reimbursed to LAF@TexasBar.com within 30 days of the date of service. Please see "How it Works" and "FAQ's" for more information, available here: <http://bit.ly/LanguageAccessFund>. Incomplete forms will not be approved.

1. Your Name: _____ Bar #: _____
 Organization: _____
 Address: _____
 Phone (direct, if available): _____ Email: _____
2. Where were the interpretation services provided if different than your address: _____
3. Type of case (divorce, probate, etc.): _____
4. Date interpretation received: _____
5. Language of interpretation (Spanish, ASL, etc.)? _____
6. Interpreter hired for (please check all that apply):
 - Client Meeting/Interview.....
 - Courtroom.....
 - Deposition.....
 - Hearing.....
 - Other (Please explain) _____
7. If you are requesting reimbursement for interpretation provided in court, please answer the following questions:
 Did you file a motion pursuant to Tex. Gov. Code § 57.002, Tex. R. Civ. P. 145, and any other applicable law/rule asking the court to appoint an interpreter? Yes No
 If yes, what was the outcome (please attach pleadings and orders, if any)? _____
 If no, why not? _____
8. Total hours of on-site interpretation: _____
9. Rate charged for interpretation: Per hour Flat fee Other fee structure: _____
10. Any additional fees (travel, parking, admin, credit card processing, etc.)? _____
11. Total reimbursement requested: _____
12. Is this a pro bono case ("pro bono" refers to a case involving a volunteer attorney donating their services, not

legal aid staff)? Yes No

If yes, did you take it through a legal aid program? Yes No

If yes, please indicate the program name: