

IN THE SUPERIOR COURT OF THE VIRGIN ISLANDS
DIVISION OF _____

INTERPRETER COMPENSATION APPLICATION

I, _____, provided _____
interpretation services to the Superior Court of the Virgin Islands, _____
_____.

Case Number: _____

Case Caption: _____

Date of Appearance: _____

Time of Appearance: _____ to _____

I understand that the fees for services rendered are as follows:

Non-Certified Interpreter	\$80.00 – Half Day (4 hours or less)
	\$145.00 – Full Day (more than 4 hours)

Certified Interpreter	\$165.00 – Half Day (4 hours or less)
	\$305.00 – Full Day (more than 4 hours)

Fee \$ _____

I hereby certify that the above information is true and correct to the best of my
knowledge.

Date: _____

Address: _____

Verification of Service Provided:

Clerk