

DEAF COMMUNITY ADVOCACY NETWORK

Interpreter Request Form. Please complete and fax to: (248) 332-7334

Date & Time Interpreting Services are Needed:

Sn M T W TH F S DATE: _____

Start Time: _____ am/pm End Time: _____ am/pm

When your request is filled, a confirmation will be faxed to you. If you do not receive a confirmation, please call DEAF C.A.N.!

Request From:

Name: _____

Title: _____ Unit # _____

Company: _____

Phone: _____

Fax: _____

FOR OFFICE USE ONLY

Interpreter Copied: _____

Book Entry: _____

Interpreter Assigned:

Client Information: (please provide detailed information)

Deaf Person's Name: _____

Type of Assignment: _____

Case /P.O.#: _____ Special Needs: _____

Location of Services: (Please provide detailed information)

Name: _____ ON SITE CONTACT'S NAME/ PHONE NUMBER: _____

Address: _____

Directions: _____

~ Please Print Name and Sign ~

Billing Information:

Signature: _____

Signature acknowledges acceptance for payment for Interpreting

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ P.O.: _____

Cancellation

Canceled by: _____

Date/Time: _____ Interpreter Notified: _____

An invoice will be sent for these services in approximately two weeks. Credit cards are accepted for payment of this invoice. To pay the invoice after receipt, please call DEAF C.A.N.!

Deaf Community Advocacy Network
2111 Orchard Lake Road #101
Sylvan Lake, MI 48320
(248) 332-3331



Interpreting Rates (Effective: January 2019)

Regular Rate (first two hours)

7:00 am—5:00 pm \$96.00
Each additional hour \$48.00

After Hours/Weekend/Holiday Rate (first two hours)

5:00 pm—7:00 am \$106.00
Each additional hour \$ 53.00

High Risk Rate (first two hours)

Psychiatric Evaluations, Attorneys, Hospital Emergency Rooms, Jails, etc.

High Risk \$110.00
Each Additional Hour \$ 55.00

Court Rate (first two hours)

Court Rate \$136.00
Each Additional Hour \$ 68.00

Emergency Pager Rate (248) 523-1998

First two hours \$ 140.00
Each Additional Hour \$ 70.00