



UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF FLORIDA

INTERPRETER APPLICATION

INSTRUCTIONS

Attached is an application for placement on the list of bilingual interpreters for the United States District Court, Middle District of Florida. Please fully complete this application to assist the court in evaluating your ability to serve as interpreter.

Following the events of September 11, 2001, the federal judiciary has addressed a number of security issues. The Administrative Office of the United States Courts has recommended that federal courts conduct limited background suitability checks on all service providers and contractors working in their courthouses. In order to comply with the new security directive, successful completion of a background check is part of the Court's qualification process. In addition to completing the application form, you are required to complete two forms which will allow the Middle District of Florida to conduct checks with the National Crime Information Center (NCIC), the Florida Crime Information Center (FCIC), and a Credit Bureau Check.

Please return the completed application documents and background check authorizations to the divisional office closest to you (addresses below) in an envelope marked "Confidential":

US District Court - MDFL Office of the Clerk ATTN: Interpreter Application 2110 First Street Fort Myers, FL 33901	US District Court - MDFL Office of the Clerk ATTN: Interpreter Application 300 North Hogan Street Jacksonville, FL 32202	US District Court - MDFL Office of the Clerk ATTN: Interpreter Application 207 N.W. Second Street Ocala, FL 34475
US District Court - MDFL Office of the Clerk ATTN: Interpreter Application 80 North Hughey Avenue Orlando, FL 32801		US District Court - MDFL Office of the Clerk ATTN: Interpreter Application 801 North Tampa Avenue Tampa, FL 33602

Upon receipt, your application will be reviewed and if you are found qualified, you will be notified and placed on our list of interpreters. When an interpreter is needed, court personnel will access this list to contact an interpreter for appearance at a court hearing/trial. When possible, at least twenty-four (24) hours notice is given. Preference is given to those who are "certified" or "professionally qualified". If no certified or professionally qualified candidates are available, "language skilled" interpreters will be called.

EFFECTIVE APRIL 1, 2003: Payment for interpreter services is as follows:

<u>*CERTIFIED & PROFESSIONALLY QUALIFIED</u>		<u>LANGUAGE SKILLED (Non-Certified)</u>	
Full Day	\$329.00	Full Day	\$156.00
**Half Day	\$178.00	**Half Day	\$ 86.00
Overtime	\$ 49.00/hour or part thereof	Overtime	\$ 27.00/hour or part thereof

*The Administrative Office in Washington regulates fees for interpreters. There is a certification process whereby interpreters proficient in any of three languages, Spanish, Haitian Creole, and Navajo, may take a written examination in that language. Once certified, an interpreter is paid at the higher rates outlined above. For further information on how to register for the program to become a federally certified interpreter in one of these three languages, please call the District Court Administration Division of the Administrative Office of the US Courts at (202) 502-1585.

**Half days include any period of time up to four hours. Full days include any period of time over four hours and up to eight hours (excluding normal meal periods). Overtime hours include any period over eight hours (excluding normal meal periods).

Interpreters cannot submit two claim forms when services are performed for more than one court related agency or for more than one judge on the same day. If the combined time is under four hours, one claim should be submitted for one half day period. If the combined time is over four hours, one claim form should be submitted for one full day period. If services are performed for multiple agencies, please contact the interpreter coordinator to determine which agency should process the claim. Claim forms can be obtained from the court agencies or a courtroom deputy.



**UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA**

INTERPRETER APPLICATION

(For placement on the roster of bilingual interpreters under the Court Interpreters Act)

1. NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

TELEPHONE (home and work) _____

TAXPAYER IDENTIFICATION NUMBER

OR SOCIAL SECURITY NUMBER _____

2. EDUCATION: (all schools above elementary)

<u>Name of School</u>	<u>Address</u>	<u>Years Attended</u>	<u>Degree</u>
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_____	_____	_____	_____
_____	_____	_____	_____

3. TRAINING: (list language courses taken, name and location of school, dates attended, certificates awarded.)

4. LANGUAGE APPLYING FOR AND LINGUISTIC ABILITY:

<u>Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Interpret</u>	<u>Proficiency</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. DO YOU INTERPRET SIMULTANEOUSLY OR CONSECUTIVELY? Circle one or both.

6. EXPERIENCE: (Attach an additional sheet or resume if necessary.)

A. Have you had prior existing employment as a conference or seminar interpreter (staff or contractual) for the Office of Language Services of the United States Department of State, for the United Nations, or for related agencies for which examinations are a condition of employment? If yes, please explain.

6. EXPERIENCE (continued):

B. Are you a member in good standing of any professional interpreters associations? If yes, please list the association, years of membership and minimum requirements . _____

_____ C.List

the number of times you have acted as an interpreter and for what purpose.

_____ If your answer is yes to #A or #B in question (6), and you wish to be included on the master list of professionally qualified interpreters, you must submit a resume to the Court Administration Division, Administrative Office of the U.S. Courts, Washington, D.C. 20544 detailing education, training, experience, current telephone number, mailing address, and, when applicable, membership accreditation.

7. AVAILABILITY: ___ 2 Day Notice; ___ 24 Hour Notice; At a Moment's Notice; _____ Other

I certify that the above information is correct and apply for placement on the roster of bilingual interpreters from which selections will be made as needed to act as an interpreter in the United States District Court for the Middle District of Florida.

Signature _____ Date

PRIVACY ACT STATEMENT

Your social security number is requested under the authority of sections 6041 and 6109 of the Internal Revenue Code. If you earn more than \$600.00 in compensation as an interpreter, the court must inform the Internal revenue Service using your social security number, and it is helpful to get your number now. Failure to disclose your social security number may delay your receipt of compensation from the court and may subject you to backup withholding.

**Authorization To Release Government (State or Federal)
Information To U.S. District Court, Clerk's Office**

I, _____, the undersigned, hereby waive my rights under the Privacy Act, 5 U.S.C. 522a (Supp. Iv, 1974), and authorize the disclosure to the United States District Court, Clerk's Office of the Middle District of Florida, or its authorized representative(s) or employee(s), any and all information pertaining to me, contained in the files or system of records maintained by the Social Security Administration. I authorize the Social Security Administration, or government agency to convey such information, either orally or in writing, to the aforementioned Clerk's Office.

I hereby waive any rights I may have under the Privacy Act to prior notice of such disclosure or of any rights I may have to an accounting of such disclosure to the aforementioned Clerk's Office.

The information is to be obtained for the purpose of making a determination of suitability to be a service provider to the court.

Date	Printed Name	Signature
Date of Birth: ___/___/___	Social Security Number: - -	Race: _____ Sex: _____

Years to Search: 1984 to Present

Clerk's Office Employee Requesting Information:

Name & Title	Phone Number
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Consent and Authorization For Access To Financial Records

I, _____, having read the explanation of my rights which is attached to this form, hereby authorize the Credit Bureau, Inc. to disclose a Computerized Credit Bureau Check to Sheryl L. Loesch, Clerk of Court, United States District Court for the Middle District of Florida for the purpose of making a determination of suitability to be a service provider to the court.

I understand that this authorization may be revoked by me in writing any time before my records, as described above, are disclosed and that this authorization is valid for no more than three (3) months from the date of my signature. I understand further that my authorization cannot be required as a condition of my doing business with the above named financial institution.

Date	Printed Name	Signature
Street Address: _____		
City: _____	State _____	Zip Code _____

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for clearance to work as a service provider.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed and I may be contacted for such a release at a later date.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Services, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in Ink)	Full Name (Type or Print Legibly)		Date Signed
Other Names Used			Social Security Number
Current Address (Street, City)	State	ZIP Code	Home Telephone Number
Date of Birth	Race / Sex		