

HIDALGO COUNTY  
COMMUNITY SUPERVISION & CORRECTIONS DEPARTMENT  
(ADULT PROBATION)



**RICARDO P. RODRIGUEZ, JR.**  
JUDGE 92ND DISTRICT COURT

**RODOLFO "RUDY" DELGADO**  
JUDGE 93RD DISTRICT COURT

**BOBBY FLORES**  
JUDGE 139TH DISTRICT COURT

**ROSE GUERRA REYNA**  
JUDGE 206TH DISTRICT COURT

**JUAN R. PARTIDA**  
JUDGE 275TH DISTRICT COURT

**MARIO E. RAMIREZ, JR.**  
JUDGE 332ND DISTRICT COURT

**NOÉ GONZALEZ**  
JUDGE 370TH DISTRICT COURT

**JOE E. LOPEZ**  
EXECUTIVE DIRECTOR

P.O. BOX 2528  
McAllen, Texas 78502

Phone (956) 661-4600  
Fax (956) 661-4700

February 20, 2007

**LETICIA LOPEZ**  
JUDGE 389TH DISTRICT COURT

**AÍDA SALINAS FLORES**  
JUDGE 398TH DISTRICT COURT

**RODOLFO "RUDY" GONZALEZ**  
JUDGE COUNTY COURT AT LAW NO. 1

**JAIME J. PALACIOS**  
JUDGE COUNTY COURT AT LAW NO. 2

**FEDERICO (FRED) GARZA, JR.**  
JUDGE COUNTY COURT AT LAW NO. 4

**ARNOLDO CANTU**  
JUDGE COUNTY COURT AT LAW NO. 5

**ALBERT GARCIA**  
JUDGE COUNTY COURT AT LAW NO. 6

Ms. Martha Salazar  
Hidalgo County Purchasing Agent  
County of Hidalgo

RE: Account Number  
7-1297-423-00-320-002-7-339

Dear Ms. Salazar,

I am submitting a claim for the reason that interpreting services are required for some of our defendants. I am requesting that the following invoices be processed for payment:

Valley Association for Independent Living:  
Invoice #1186 for \$36.00  
Invoice #1208 for \$36.00

Thank you for your assistance on this matter.

Respectfully submitted,

A handwritten signature in black ink that reads "Joe Lopez".

Joe Lopez, Executive Director  
Community Supervision &  
Corrections Department  
County of Hidalgo

JL:ah

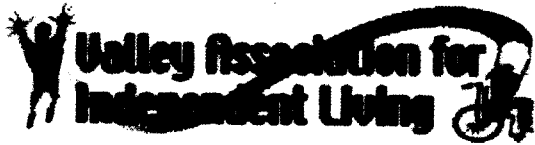
Attachments: Invoices

**RECEIVED**

FEB 21 2007

**PURCHASING DEPT.**

*TRE 2149*



3016 N. McColl Road, Ste B  
McAllen, TX 78501

956.668.8245

# Invoice

Date	Invoice #
1/31/2007	1186
Due Date	2/21/2007

HIDALGO CO CSCD - FEB 5 '07

<b>Bill To</b>
Hidalgo County Adult Probation 918 East Business 83 McAllen, TX 78501

**Payment due 20 days  
after Invoice Date.**

**Payments received after Due Date will  
be assessed a \$25.00 fee.**

Qty	Description	Rate	Amount
2	Interpreting: 1/12/07, Appointment Time: 3:30 pm Interpreter: Anna Garcia Deaf Client: Raul Saenz Contact Person: Jaime Barrera	18.00	36.00
<p>7-1297-423-00-320-002-7-339</p> <p># 987327</p>			

Thank you for your prompt payment!	<b>Total</b>	\$36.00
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# REQUEST FOR SIGN LANGUAGE INTERPRETER

TO: VAIL  
3012 N. McCOLL RD.  
MCALLEN, TEXAS 78502

Ph: 668-8245  
Fax: 631-7914

FROM: Hidalgo County Adult Probation  
918 E. Business Hwy 83  
McAllen, Texas 78501

Ph: 661-4600  
Fax: 661-4700

DATE SERVICES REQUIRED: 1-12-07 TIME: 3:30 p.m.

Location: 918 E. Bus. Hwy 83, McAllen, Tx Adult Probation Dept. Hidalgo - office # 94

CSO Name: Barrera, Jaime Direct Ph # 956-6661-4710

Defendant's Name: Raul Saenz

Cause # CR180606E

Jaime Barrera<sup>262</sup>  
CSO SIGNATURE

1-9-07  
DATE

**INSTRUCTIONS FOR CSO:** Fax this form to VAIL. Once they response to fax and an interpreter completes service, attach a copy of the Interpreter's receipt to this form and return to Adela. This will serve as a backup to process payment.

## RESPONSE FROM VALLEY ASSOCIATION OF INDEPENDENT LIVING

(check one)

Above date & time for services required has been reviewed and VAIL will send an interpreter

We are not able to provide services on above date, please contact our office to schedule a date and time.

Contact Person: Adela

(6)

FY 2005  
JOB#

2353



INTERPRETER:

Anna Garcia

INTERPRETER ASSIGNMENT

Certification Level for This Assignment:

- Trainee
- BEI Level 1
- Level II
- Level III
- MSL
- Spanish

Date of Request: \_\_\_\_\_ Person Making Request: \_\_\_\_\_

Agency: Hidalgo County Adult Probation Phone No.: \_\_\_\_\_

Contact Person: Jaime Barrera Phone No.: 661-4710

Appointment Date: 1-12-07 Appointment Time: 3:30pm

Appointment Type: \_\_\_\_\_ Location/Address: 918 Bus. 83  
McAllen, Tx 78501

Name of Deaf Client/Patient/Student: Raul Saenz

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT AND WILL BE KEPT STRICTLY CONFIDENTIAL

Beginning Mileage: \_\_\_\_\_ Ending Mileage: \_\_\_\_\_

Beginning Mileage: \_\_\_\_\_ Ending Mileage: \_\_\_\_\_ Total Miles: \_\_\_\_\_

Travel Time: From McAllen To McAllen Return McAllen  
(CITY) (CITY) (CITY)

Actual Time at Appointment: Start: 3:30pm End: 1:543 hrs

Anna Garcia  
Interpreter

Jaime Barrera 262  
Pay Source Representative

\_\_\_\_\_  
Interpreter Coordinator

FOR AGENCY USE ONLY



3016 N. McColl Road, Ste B  
McAllen, TX 78501

956.668.8245

# Invoice

Date	Invoice #
2/13/2007	1208
Due Date	3/5/2007

<b>Bill To</b>
Hidalgo County Adult Probation 918 East Business 83 McAllen, TX 78501

**Payment due 20 days  
after Invoice Date.**

**Payments received after Due Date will  
be assessed a \$25.00 fee.**

Qty	Description	Rate	Amount
2	Interpreting: 1/18/07, Appointment Time: 9:30 am Interpreter: Anna Garcia Deaf Client: Elvia Rocha Contact Person: Ricardo Chavez  7-1297-423-00-320-002-7-339 # 987325	18.00	36.00
		HIDALGO CO (SCD) - FEB 15 '07	

Thank you for your prompt payment!	<b>Total</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">\$36.00</span>
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# REQUEST FOR SIGN LANGUAGE INTERPRETER

TO: VAIL  
3012 N. McCOLL RD.  
MCALLEN, TEXAS 78502

Ph: 668-8245  
Fax: 631-7914

FROM: Hidalgo County Adult Probation  
918 E. Business Hwy 83  
McAllen, Texas 78501

Ph: 661-4600  
Fax: 661-4700

DATE SERVICES REQUIRED: 1-18-07 TIME: 9:30 A.M.

Location: Hidalgo County CSCD

CSO Name: Ricardo Chavez Direct Ph # 661-4072

Defendant's Name: Eldia Rocha

Cause # CR169400B

Ricardo Chavez  
CSO SIGNATURE

1-9-07  
DATE

**INSTRUCTIONS FOR CSO:** Fax this form to VAIL. Once they response to fax and an interpreter completes service, attach a copy of the Interpreter's receipt to this form and return to Adela. This will serve as a backup to process payment.

## RESPONSE FROM VALLEY ASSOCIATION OF INDEPENDENT LIVING

(check one)

Above date & time for services required has been reviewed and VAIL will send an interpreter

We are not able to provide services on above date, please contact our office to schedule a date and time.

Contact Person: \_\_\_\_\_

(4) . . . .  
FY 2005  
JOB#

2346



INTERPRETER:

Anna C Garcia

INTERPRETER ASSIGNMENT

878-9391

Certification Level for This Assignment:

Trainee     BEI Level I     Level II     Level III

Date of Request: \_\_\_\_\_ Person Making Request: \_\_\_\_\_

Agency: Hidalgo County Adult Probation Phone No.: \_\_\_\_\_

Contact Person: Ricardo Chavez Phone No.: 409-4672

Appointment Date: 1-18-07 Appointment Time: 9:30am

Appointment Type: Court Location/Address: 918 Bus 83  
McAllen, TX 78501

Name of Deaf Client/Patient/Student: Elvia Rocha

Billing Address: \_\_\_\_\_

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT AND WILL BE KEPT STRICTLY CONFIDENTIAL

Beginning Mileage: \_\_\_\_\_ Ending Mileage: \_\_\_\_\_  
Beginning Mileage: \_\_\_\_\_ Ending Mileage: \_\_\_\_\_ Total Miles: \_\_\_\_\_

Travel Time: From McAllen To \_\_\_\_\_ Return \_\_\_\_\_  
(CITY) (CITY) (CITY)

Actual Time at Appointment: Start: 9:30am End: 9:50 A.M.

Barcia  
\_\_\_\_\_  
Interpreter

Ricardo Chavez  
\_\_\_\_\_  
Pay Source Representative

\_\_\_\_\_  
Interpreter Coordinator

FOR AGENCY USE ONLY

# MEMO

**To:** Marty Salazar  
Director of Purchasing

**Attn:** Priscilla Torres

**From:** Aída Salinas Flores  
398<sup>TH</sup> District Court Judge

**Date:** Monday, February 26, 2007

**Subject:** CLAIM

Our office would like to request payment to A SIGN LANGUAGE COMPANY, INVOICE #12369. A potential Juror requested the service of a sign language interpreter a day prior to empanelment. Services were rendered on January 29, 2007. No notice was submitted to court on the new requirements as to insurance on interpreters. The amount that is requested is \$195.00 from account #7-1100-412-00-009-001-0-831.

If you should have any questions, feel free to call Ester at 956-318-2470. Your attention to this matter is greatly appreciated.

**RECEIVED**  
FEB 28 2007  
PURCHASING DEPT.  
TRC 0152

Sign Language Interpreters, LLC

# Invoice

d/b/a A Sign Language Company  
2708-C N. 10th Street, Ste. 266  
McAllen, TX 78501

Invoice #: 12369  
Invoice Date: 2/12/2007  
Due Date: 2/27/2007  
Project:  
P.O. Number:

**Bill To:**

Hidalgo County Purchasing Dept.  
Attn: Martha L. Salazar  
100 E. Cano, 4th floor  
Edinburg, Texas 78539

Description	Hours/Qty	Rate	Amount
Interpreting Services performed by Raquel Taylor - RID Certified - on 1/29/07 for San Juanita Quesada	3	65.00	195.00
1.5% late fee will be added if paid after due date (\$2.92)			
INVOICE RECEIVED BY: <i>[Signature]</i> ON <u>2/21/07</u>			
GOODS/SERVICES RECEIVED BY: ON _____			

For questions or concerns, please call Fernando (956) 668-8233.

<b>Total</b>	\$195.00
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$195.00



A



Sign



Language

Company

### INTERPRETER SERVICE LOG

Date: 1-29-07  
 Location: 398 District Court Auditorium  
 City: Edenly State: TX  
 Consumer: Sangranita Quessada  
 On Site Contact: Judge aide S. Flores

Start Time: 2pm End Time: 2:40 pm

Total Interpreting Time: 2  
(2-hour minimum)

Total Travel Time: 1

Total Regular Hours: 3 Total Overtime Hours: \_\_\_\_\_ Total ER Hours: \_\_\_\_\_

We certify the above information is true and correct to the best of our knowledge.

*Jury empanelment*

Consumer  
Isa Dolins Flores  
 Business Representative  
[Signature]  
 Interpreter  
[Signature]  
 Court Certified BEI RIDC 107  
 Certification

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

4:18 PM  
1/27/07

# SAN JUANITA QUESEDA

## Name Profile

<b>Name</b>	SAN JUANITA QUESEDA	<b>ADDRESS: 100 N. CLOSNER</b>
<b>Show As</b>	QUESEDA, SAN JUANITA	
<b>Groups</b>	CLIENT	
<b>Settings</b>	Show, Public	
<b>TAKEN BY</b>	RUDY	
<b>APPOINTMENT DATE</b>	01/29/07	
<b>SERVICES NEEDED</b>	ASL INTERP	
<b>SCHEDULED TIME</b>	2:00 PM	
<b>DATE REQUESTED</b>	01/26/07	
<b>CALL TAKEN AT</b>	4:15 PM	
<b>REQUESTED BY</b>	MARGARET FLORES	
<b>Company</b>	398TH DISTRICT COURT	
<b>CITY / STATE/ ZIP</b>	EDINBURG, TX 78539	
<b>COMPANY PHONE NUMBER</b>	956-318-2470	
<b>CONTACT PERSON</b>	ESTHER CANTU (CRIMINAL COURT COORDINATOR)	
<b>DIRECTIONS</b>	GO TO AUDITORIUM / JUDGE AIDA SALINAS FLORES	
<b>BILLING INFORMATION</b>	HIDALGO COUNTY	
<b>APPROVED BY</b>	MARGARET FLORES (COURT COORDINATOR)	
<b>BILL RATE</b>	REG \$65.00	
<b>2-HR MIN + TRAVEL</b>	YES	
<b>PORTAL-TO-PORTAL</b>	NO	
<b>APPT. DESCRIPTION</b>	JURY INPANNELMENT	
<b>CONTRACT</b>	YES	