



INTERPRETER REQUEST FORM



Requests Accepted Weekdays: Fax 269-969-6218 • www.cirfun.com
 Nights/Weekends On Call (Text Only) 269-986-4808 • Email deaflinkadmin@cirfun.com
 For General Information: VPhone 269-924-0403 • Email deaflinkadmin@cirfun.com

After we fill your request, you will be contacted with a confirmation of who the interpreter will be. If you do not receive a confirmation within 24 hours prior to the assignment, please contact the DeafLINK office.

Date/Time of Service

M T W TH F S SN Date: _____
 Start Time: _____ AM PM End Time: _____ AM PM

Request

Deaf Person's Name: _____
 Client/Patient Parent Family Member Other _____
 Deaf Blind? (Requires Tactile Interpreting) Y N
 Purpose/Topic: _____

 Preferred Interpreter: _____
 Requested By: _____

Location

Location of Services: _____
 Address: _____
 City: _____ Suite/Room: _____
 Detailed Directions / Doctor's Name (if applicable): _____

Additional Information (potential health risks, environmental health hazards, contagious disease, limited access, etc):

Contact Person: _____ Phone Number: _____
 On Site Contact (if different): _____ Phone Number: _____
 Fax Number: _____

Billing Information

Requesting Party: _____ Authorized Signature: _____
 Address: _____ City: _____ Zip Code: _____
 Auth #/ PRK/ Case #: _____ Phone: _____
 Fax: _____ Email: _____
 Signature: _____ Title: _____ Date: _____

The signature above acknowledges that I have read and agree to the terms of this Agreement, including all terms contained on the reverse side of this Agreement, agree to pay for interpreting services as outlined in this Agreement, and if the Requesting Party above is an entity, I am executing this Agreement on behalf of the entity and I have authority to do so. **If submitting this document via email, by typing your full name, title, and date, you are agreeing to the terms.**

The billing rates for each interpreter under this Agreement are as follows:
 Initial Base Rate Fee: \$140.00/\$160.00 Hourly Rate 6:00AM - 6:00PM: \$60.00
 Hourly Rate 6:00PM - 6:00AM: \$70.00 Mileage Billed at Standard IRS Rate

FOR OFFICE USE ONLY Cancelled by: _____ Date/Time: _____ Interpreter Notified: _____ Date Received: _____ Interpreter Copied: _____ Customer Copied: _____ Additional Information: Interpreter(s) Assigned:
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GENERAL TERMS:

- A) This Agreement (Agreement) is between the "Requesting Party" whose name and signature appear on the front page of this Agreement and Community Inclusive Recreation (CIR), a Michigan nonprofit corporation. The Agreement includes the terms and conditions located on both the front and reverse side of this form.
- B) This Agreement is for DeafLINK to provide American Sign Language services (Services) to the Requesting Party.
- C) The Requesting Party shall provide DeafLINK with all information and access requested by DeafLINK to properly and effectively render the Services, including the additional detail related to the dates, times, and location of services, names of all parties involved, copies of any relevant materials or documents, and parking passes, if appropriate.
- D) The Requesting Party must submit a fully executed Agreement for each request for Services. Nothing in this Agreement shall be interpreted as an agreement to provide services beyond the specific request identified in writing in this Agreement.

RATES AND TERMS OF PAYMENT:

- A) All services rendered under this Agreement shall include, at a minimum, two (2) hours of interpreting services (Base Rate). DeafLINK will bill all services rendered after the initial mandatory Base Rate at an hourly rate calculated in increments of one (1) hour.
- B) The primary billing rates for each interpreter for Services under this Agreement are located on the front page of this Agreement and shall govern for purposes of this Agreement.
- C) If the Requesting Party submits a request for Services with less than twenty-four (24) hour written notice to DeafLINK, the Requesting Party shall pay to DeafLINK a short notice fee of \$25.00.
- D) If Services are scheduled for longer than two (2) hours, or if the content requires an additional interpreter, then two interpreters will be required to provide the Services to preserve the quality of the Services and prevent injury to the interpreter. Requesting Party acknowledges that the billing rates will apply for each interpreter.
- E) The Requesting Party must pay DeafLINK mileage, regardless of the travel distance, for the actual miles traveled by the DEAFLINK interpreter at the then effective Standard IRS Mileage Rate.
- F) All payments are due upon receipt of an invoice from DeafLINK. Invoices are typically sent within two (2) weeks of the interpreter providing an invoice to DeafLINK of the Services rendered. The Requesting Party shall pay all amounts stated in the invoice within thirty (30) days of the date of the invoice. Any payment not received within thirty (30) days of the date of the invoice will accrue interest at a rate of 1.50% per month.

CANCELLATION AND TERMINATION:

- A) The Requesting Party may cancel a request for Services under this Agreement, but only upon at least twenty-four (24) hours written notice to DeafLINK. If the Requesting Party cancels any Services within twenty-four (24) hours of the scheduled Services, the Requesting Party shall pay for the contracted time for the Services, even though such Services are not rendered, plus any actual mileage already accrued. DeafLINK will use its best efforts to provide at least twenty-four (24) hour notice to the Requesting Party if DEAFLINK must cancel previously scheduled Services. DeafLINK reserves the right to terminate this Agreement, including its obligation to render Services, in whole or in part, for any reason, or no reason at all, without notice and with no further obligation under this Agreement.

LIABILITY:

- A) The Requesting Party shall indemnify, defend, and hold harmless DeafLINK, CIR and CIR's officers, directors, employees, and shareholders from, against and with respect to any claim liability, obligation, loss, damage, assessment, judgment, cost, and expense (including, without limitation, reasonable attorney's and accountant's fees and costs and expenses reasonably incurred in investigating, preparing, defending against, or prosecuting any litigation or claim, action, suit, proceeding, or demand), of any kind or character, arising out of or in any manner of an incident, relating or attributable to this Agreement, including breach of this Agreement or the performance of Services under this Agreement.
- B) In no event shall DeafLINK or CIR be liable in any way for incidental and direct loss of use, business expectancy, consequential, actual, contingent, or damages of any other kind. To the extent that any damages do accrue, the maximum cumulative liability to the Requesting Party shall never exceed the actual amount of fees received by DeafLINK for the specific Services rendered under this Agreement. This limitation of liability shall apply at all times during and after the terms of the Agreement and regardless of the form of action, whether in tort or contract.
- C) The Requesting Party shall pay to DeafLINK all costs and expenses, including reasonable attorneys fees, arising out of Requesting Party's breach of this Agreement, including all costs and expenses incurred to collect any amounts owing to DeafLINK for Services provided under this Agreement.

MISCELLANEOUS:

- A) If any provision of this Agreement is held to be invalid or unenforceable in whole or in part, the validity of the other provisions shall remain unaffected and in full force and effect.
- B) The terms of this written Agreement shall constitute the entire agreement between the parties and all other representations or arrangements, whether written, oral, express or implied and will be subject to and superseded by this Agreement.
- C) This Agreement shall be binding upon the parties, legal representatives, agents, successors, and assigns. The Requesting Party acknowledges and agrees that their respective rights, interests and obligations under this Agreement shall not be assignable or transferable to any other party or parties without the express written consent of DeafLINK.
- D) This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.
- E) DEAFLINK reserves the right to alter, change, or amend the terms and conditions of this Agreement without notice.
- F) This Agreement shall not bind DeafLINK unless DeafLINK acknowledges and accepts, in writing, the request for Services.
- G) This Agreement shall be construed in accordance with the laws of the State of Michigan and any signatories to this Agreement agree to submit to the jurisdiction of the court of the State of Michigan in the event of any proceedings in connection with this Agreement.
- H) This Agreement may be signed in counterparts and all of such counterparts together shall serve as a fully executed Agreement, binding upon the parties. The Requesting Party agrees to be bound by the terms of this Agreement even if it is not signed by DeafLINK, and that facsimile or other electronic signatures shall constitute originals for the purpose hereof.