



# PHILADELPHIA BAR ASSOCIATION

## **SIGN LANGUAGE INTERPRETER FUND REIMBURSEMENT APPLICATION**

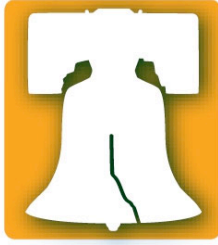
*ABOUT THE PHILADELPHIA BAR ASSOCIATION SIGN LANGUAGE INTERPRETER FUND (THE "FUND"):* The Philadelphia Bar Association has established the Fund to reimburse attorneys who pay for sign language interpreters to communicate with clients or potential clients who are deaf or hard of hearing. While the Fund is open to all members of the Philadelphia Bar Association, it is intended primarily to benefit clients of small firms, solo practitioners, public interest firms and pro bono volunteers. The Fund will reimburse a member for up to \$100 for sign language interpreter fees per interpreter appointment up to a maximum of two (2) appointments per quarter until the fund is exhausted. If in the fourth (4th) quarter of a year, the Philadelphia Bar Association determines in its discretion that money in the Fund could go unused in that year, the Philadelphia Bar Association may waive the maximum limit of reimbursement for that quarter or, in the alternative, roll any unused funds over into the following year or years.

To access the Fund, a Philadelphia Bar Association member shall pay the interpreter's bill and submit a mail or fax a copy of the bill to the Philadelphia Bar Association with a signed copy of the certification below to:

Philadelphia Bar Association  
Attn: Kenneth Shear, Executive Director  
1101 Market St., 11<sup>th</sup> Fl.  
Philadelphia, PA 19107 FAX (215) 238-1159.

Please contact Executive Director Kenneth Shear of the Philadelphia Bar Association at (215) 238-6338 to determine if money remains in the Fund or to ask questions about the Fund.

The Sign Language Interpreter and Transliterators State Registration Act, 63 P.S. § 1725.1 *et seq.* ("Act 57") requires that sign language interpreters be registered with the Commonwealth in certain circumstances. For more information about Act 57 or sign language interpreters in general, contact the Pennsylvania Office for the Deaf and Hard of Hearing (ODHH) at 1-800-233-3008 or e-mail: RA-LI-OVRODHH@state.pa.us or visit ODDH's website at [www.dli.state.pa.us](http://www.dli.state.pa.us).



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## CERTIFICATION

I, \_\_\_\_\_, Esquire, hereby certify that on \_\_\_\_\_, 20\_\_\_\_, I used a sign language interpreter, \_\_\_\_\_ (*Name of Interpreter*), to communicate with a client or potential client who is deaf or hard of hearing.

I paid \$ \_\_\_\_\_ to the interpreter or his/her employer for the interpreter's services.

A true and correct copy of the bill for the interpreter's services is attached hereto. To the best of my knowledge, information and belief, the interpreter was registered (or was not required to be registered) in accordance with the Sign Language Interpreter and Transliterator State Registration Act, 63 P.S.  $\square$  1725.1 *et seq.* ("Act 57-2003").

I request reimbursement of \$ \_\_\_\_\_ (*insert amount up to \$100*) for the appointment.

Please make check payable to \_\_\_\_\_.

I am currently a member in good standing of the Philadelphia Bar Association and was a member in good standing at the time of the appointment.

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_