

Vendor Name: (as listed on Substitute Form W-9 and JAC Contract)		Invoice Number: (MAX 9 characters)	
Vendor Tax ID Number: (MUST match ID on Substitute Form W-9 and JAC Contract)		Case Number:	
Defendant's Attorney Name:	IFC	Select County...	County and Circuit
Florida Bar Number:	Pro Se	Defendant/Client Name:	
Court Reporter Name:		Total Invoice Amount: (automatically calculated as form is completed)	
Cap. Coll.			

**ATTENDANCE INFORMATION**

Attendance at court hearings are paid by Court Administration.

Attendance Date:  Start Time:  End Time:

Date Format MM/DD/YYYY Time format example 1:30 PM

Additional Hours (in tenths)  X Rate \$  /hour

Subtotal:

**Please check if applicable**

Video (must be supported by court order unless it is a minor witness - under 18)

Minor (under 18)

Listening fee for recorded statements (Provide detailed statement if billing for more than 1 day.)

1st Hour/Minimum Fee \$

Deponent(s)/Name(s) of Witness(es):

(if additional names, please attach list)

**TRANSCRIPT INFORMATION**

Transcripts must be supported by a court order authorizing the transcription. For appellate transcripts, a designation of the record may be used in lieu of a court order.

Order Date:  Date Format MM/DD/YYYY

Expedited, (must be supported by court order indicating either 5 day or 1 day expedited rate.)

By signing below, I certify that I was authorized to prepare all transcripts applicable to this invoice. If the transcript billed above is an original, I further certify that to my knowledge an original has not been previously paid by JAC or another state entity.

**Please check if applicable**

Deposition/Transcript  Hearing  Appellate  Recording/Other

Original: #Pages  \$ per Page  Subtotal:

Copy: #Pages  \$ per Page  Subtotal:

The copy rate represents additional copies beyond original copies as provided by Florida law.

**TRAVEL EXPENSES / MILEAGE**

A properly completed [DFS Travel Voucher](#) MUST BE ATTACHED. Mileage may be billed only when the destination is in excess of 50 miles (one-way) from vendor's office. Any one-way trip that exceeds 50 miles must be supported by documentation. The [DOT Mileage Calculator](#) MUST BE USED when cities are listed therein. If not listed, other documentation may be used. Generally court reporters are not paid travel expenses unless there are no local court reporters available.

Subtotal:

**OTHER REIMBURSEMENT EXPENSES**

As permitted under JAC Policies and Procedures or pursuant to court order. (invoice/receipt, proof of payment, and court order if applicable, MUST BE ATTACHED)

Specify Other:

Subtotal:

**Vendor Certification**

Under penalty of perjury, I certify that I have read the foregoing (Court Reporter Services/Video Services Invoice) and the facts stated in it are true; and the amounts reflected on the invoice are true and accurate; and that the work in connection herewith was actually performed.

Vendor Signature (Blue Ink)  Date

Vendor Printed Name  Phone Number

**Certification of Receipt of Services**

I hereby certify that the services provided by the above named vendor were satisfactorily performed and were necessary in the representation of the above-named defendant who is indigent. If this invoice includes transcripts, I certify transcripts have been delivered and I have also read and agree with the number of pages and copies provided, as stated above.

Attorney OR Pro Se Defendant Signature  Date

OR Clerk of Court/Public Defender Designee for Appellate Transcripts (Blue Ink)

Printed Name / Florida Bar Number

JAC DOC STAMP

JAC Date Stamp

BILL WILL BE RETURNED IF NOT SIGNED.

IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.

# INSTRUCTIONS

REP-0612

## Section 1.

- Vendor Name – (as listed on Substitute Form W-9 and JAC Agreement) Provide first and last name, or company name under which the Court Reporter provided services.
- Tax ID Number – Provide federal tax identification (either FEIN or Social Security) number of Vendor or Firm as indicated on JAC Agreement and Substitute Form W-9. MUST match ID on Substitute Form W-9 and JAC Agreement. NOTE: Payment cannot be processed without this information.
- Defendant's Attorney Name/Court-Appointed Attorney or IFC Defendant's Attorney Name – Provide first and last name of attorney representing the defendant.
- Florida Bar Number – Provide Bar Number of the Court-Appointed or IFC attorney representing the defendant.
- Court Reporter Name – Provide first and last name.
- IFC/Pro Se/Cap. Coll. check box – Please check if Indigent for Costs counsel, Pro Se defendant, or Capital Collateral as applicable.

## Section 2.

- Invoice Number – Vendor/Firm or company must generate and provide an invoice number. MAX 9 characters (this number will allow you to locate this bill on the JAC and DFS vendor web sites).

## Section 3.

- Case Number – Provide court issued case number.
- County & Circuit – Select the county and circuit.
- Defendant/Client Name – Provide the first and last name of the client or defendant represented. For parental notification cases only, the client may be represented by initials or "Jane Doe".

Total Invoice Amount - The total amount billed for this invoice is automatically calculated as form is completed.

## Section 4.

- Attendance Information – Check the appropriate type of activity (Video, Listening fee). Check Minor if applicable.
- Enter Attendance Date, Start Time, and End Time. Date format MM/DD/YYYY. Time format 1:30 PM.
- Enter 1st Hour/Minimum Fee amount.
- Enter Additional Hours (in tenths) and enter Rate per Hour. Subtotal will automatically calculate as form is completed. Only court reporters may bill in hour units. Videographers billing beyond the 2 hour minimum MUST bill in hours and tenths.

## Section 5.

- Deponent(s)/Name(s) of Witness(es) – If deposition, provide the name of each deponent, using first and last name. If additional names, attach a list.

## Section 6.

- Transcript Information – Check the appropriate type of activity (Deposition/Transcript, Hearing, Appellate, Recording/Other). If billing for multiple transcripts, attach list of transcripts and number of pages per transcript.
  - Enter Order Date. Date format MM/DD/YYYY.
  - Check Expedited box if applicable (must be supported by court order indicating either 5 day or 1 day expedited rate).
  - Enter Original # of Pages. Enter Original Rate per Page. Subtotal will automatically calculate as form is completed.
  - Enter Copy # of Pages. Enter Copy Rate per Page. Subtotal will automatically calculate as form is completed.
- NOTE: The copy rate represents additional copies beyond original copies as provided by Florida law.

## Section 7.

- TRAVEL EXPENSES / MILEAGE – A properly completed [DFS Travel Voucher](#) MUST BE ATTACHED. Mileage may be billed only when the destination is in excess of 50 miles (one way) from vendor's office. Any one-way trip that exceeds 50 miles must be supported by documentation. The [DOT Mileage Calculator](#) MUST BE USED when cities are listed therein. If not listed, other documentation may be used. Generally court reporters are not paid travel expenses unless there are no local court reporters available.

## Section 8.

- Other Reimbursement Expenses – Specify the type of expense(s) and enter amount (invoice/receipt, court order, and proof of payment MUST BE ATTACHED).

## Section 9.

- Vendor Certification – By signing this document, you are attesting to the accuracy of all information in this billing. Before submission, please verify the accuracy of all provided information and attach all required supporting documentation not previously submitted.
- Vendor Signature & Date – Sign in [blue ink](#) on the line provided. NOTE: The signature must be original and must be signed by the individual who provided the transcript. Include date invoice is certified, (MM/DD/YYYY).
- Vendor Printed Name – Provide first and last name.
- Phone Number – Provide phone number where court reporter can be reached.

## Section 10.

- Certification of Receipt of Services – By signing this document, the attorney/Pro Se defendant is certifying that services were received and satisfactorily performed.
- Attorney OR Pro Se Defendant OR Clerk of Court/Public Defender for Appellate Transcripts Signature & Date – Sign in [blue ink](#) on the line provided. Include date invoice is certified, (MM/DD/YYYY). NOTE: The signature must be original.
- Attorney OR Pro Se Defendant OR Clerk of Court/Public Defender Designee for Appellate Transcripts Printed Name – Provide first and last name of attorney or designee who received the transcripts.
- Bar Number – Provide the Bar Number of the Defendant's attorney, or designee, if applicable. For incarcerated Pro Se defendants, provide the jail or DOC inmate number.

If Appellate Transcripts are delivered to the Clerk of Court, and not to the law firm, then the Clerk may certify. All services are subject to audit and the Justice Administrative Commission reserves the right to offset an over-billing against subsequent payment requests.