

Vendor Name: <span style="font-size: 2em; color: red; font-weight: bold;">1</span> <small>(as listed on Substitute Form W-9 and JAC Contract)</small>	Invoice Number: <span style="font-size: 2em; color: red; font-weight: bold;">2</span> <small>(MAX 9 characters)</small>
Vendor Tax ID Number: <small>(MUST match ID on Substitute Form W-9 and JAC Contract)</small>	Case Number:
Defendant's Attorney Name:	Select County... <span style="font-size: 2em; color: red; font-weight: bold;">3</span> <input type="text"/> County and Circuit
Florida Bar Number:	Defendant/Cient Name:
Provider Name: <small>(if different from Vendor Name)</small>	<b>Total Invoice Amount:</b> <small>(automatically calculated as form is completed)</small>

**VENDOR INFORMATION:**

Hourly Services   
  Flat Fee Services   
 4

Select Expert Type...  :Expert Type Reset Expert Type

**Hourly Services:**

**Rate Category** should be based on the rate set forth in the JAC Rate Chart by Circuit or established in court order.

Please see the Invoice **Instructions** as well as the JAC Policies and Procedures for hourly billing requirements.

**MUST** attach detailed hourly statement listing dates and times.

**BILLING MUST BE IN HOURS AND TENTHS.**

Select Rate Category...	Hours: <small>(in tenths)</small>	Hourly Rate \$	Subtotal: <span style="font-size: 2em; color: red; font-weight: bold;">5</span>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Flat Fee/Testing/Per Unit Services:**

This section should be used for flat fee or per unit services, such as in Mental Health Evaluations, when there is a set fee.

Select Type of Service...  :Type of Services Reset Type of Service

Unit: <input type="text"/>	Rate \$ <input type="text"/>	Subtotal: <span style="font-size: 2em; color: red; font-weight: bold;">6</span>
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**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.

Subtotal: 7

**OTHER REIMBURSEMENT EXPENSES**

As permitted under JAC Policies and Procedures or pursuant to court order. Specify Other:

(invoice/receipt, proof of payment, and court order if applicable, MUST BE ATTACHED)

Subtotal: 8

<p style="text-align: center;"><b>Vendor Certification</b> <span style="font-size: 2em; color: red; font-weight: bold;">9</span></p> <p>Under penalty of perjury, I certify that I have read the foregoing (Expert Witness/Other Professional 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.</p> <p>_____ Vendor Signature (Blue Ink)</p> <p style="text-align: right;">_____ Date</p> <p>_____ Vendor Printed Name</p> <p style="text-align: right;">_____ Phone Number</p>	<p style="text-align: center;"><b>Certification of Receipt of Services</b> <span style="font-size: 2em; color: red; font-weight: bold;">10</span></p> <p>I certify that the costs and services reflected on this invoice were satisfactorily performed, were necessary for the performance of my duties in the above-referenced case, the amount due is accurate, transactions were in accordance with Florida Statutes and all applicable laws and rules of the State of Florida, and that under the terms of my Agreement with the Justice Administrative Commission payment is appropriate.</p> <p>_____ Attorney/Pro Se Defendant Signature (Blue Ink)</p> <p style="text-align: right;">_____ Date</p> <p>_____ Printed Name / Florida Bar Number</p>	<p style="text-align: center;">JAC DOC STAMP</p> <hr/> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">JAC Date Stamp</p>
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**BILL WILL BE RETURNED IF NOT SIGNED.**

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

## Section 1.

- Vendor Name – (as listed on Substitute Form W-9 and JAC Agreement) Provide first and last name.
- 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.
- Provider Name – (if different from Vendor 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 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.

- Vendor Information – Select the Flat Fee Services button when billing for a Flat Rate such as Mental Health Evaluations. Select Hourly Services button when billing for an Hourly Rate. Rate Category should be based on the rate set forth in the JAC Rate Chart by Circuit or established by court order. You will be prompted to complete either the Hourly Services or the Flat Fee/Testing/Per Unit Services Section.
- Select Expert Type from the drop down list.

## Section 5.

- Hourly Services – Select or enter Rate Category. Enter hours worked (in tenths) and enter Hourly Rate. Subtotals will automatically calculate as form is completed. MUST attach detailed hourly statement listing dates and times. BILLING MUST BE IN HOURS AND TENTHS.

## Section 6.

- Flat Fee /Testing/Per Unit Services – This section should be used for flat fee or per unit services, such as in Mental Health Evaluations, when there is a set fee.
- Select Type of Service from the drop down list.
- Enter Units then enter Rate. Subtotal will automatically calculate as form is completed.

## 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.

## 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. Include date invoice is certified, (MM/DD/YYYY).
- Vendor Printed Name – Provide first and last name.
- Phone Number – Provide phone number where vendor 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.  
**NOTE: IT IS THE ATTORNEY'S RESPONSIBILITY TO REVIEW THE BILLING PRIOR TO SUBMISSION TO JAC TO ENSURE THERE IS NO BREACH OF ATTORNEY-CLIENT OR WORK PRODUCT PRIVILEGE AND TO REDACT ANY SUCH INFORMATION AS APPROPRIATE.**
- Attorney/Pro Se Defendant 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/Pro Se Defendant Printed Name – Provide first and last name. Bar Number – Provide the Bar Number of the Defendant's attorney. For incarcerated Pro Se defendants, provide the jail or DOC inmate number.

**All services are subject to audit and the Justice Administrative Commission reserves the right to offset an over-billing against subsequent payment requests.**