

JAC Invoice - Investigator, Mitigation Specialist, and/or Process Server

INV-0119

Vendor Name: <small>(as listed on Substitute Form W-9 and JAC Contract)</small>		Invoice Number: <small>(MAX 9 characters)</small> <div style="text-align: right; font-size: 2em; color: red; font-weight: bold;">2</div>		
Vendor Tax ID Number: <small>(MUST match ID on Substitute Form W-9 and JAC Contract)</small> <div style="text-align: center; font-size: 2em; color: red; font-weight: bold;">1</div>	IFC <input type="checkbox"/> Pro Se <input type="checkbox"/>	Case Number:		
Defendant's Attorney Name:		County and Circuit: Select County... <div style="text-align: right; font-size: 2em; color: red; font-weight: bold;">3</div>		
Florida Bar Number:		Defendant/Cient Name:		
Provider Name: <small>(if different from Vendor Name)</small>		Total Invoice Amount: \$ 0.00 <small>(automatically calculated as form is completed)</small>		
UNITS OF SERVICE BILLED: Please see the Instructions as well as JAC Policies and Procedures for hourly billing requirements. MUST attach detailed hourly statement listing dates and times.	VENDOR INFORMATION: <input type="checkbox"/> Investigator <input type="checkbox"/> Mitigation Specialist <input type="checkbox"/> Process Server <input type="checkbox"/> Final Billing			
	For licensed private investigators or mitigation specialists:			
	License:	Hours (in tenths):	Hourly Rate:	Subtotal: 0.00
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SUBPOENA SERVICE INFORMATION: MUST ATTACH a copy of the return of service for each person served.		Number Served:	Cost per Subpoena: <div style="text-align: right; font-size: 2em; color: red; font-weight: bold;">5</div>	Subtotal: 0.00
Name and Date of Individual(s) Served: If additional entries needed, please attach sheet listing names and dates of service.				
Name:	Date:	Name:	Date:	
Name:	Date:	Name:	Date:	
Name:	Date:	Name:	Date:	
Name:	Date:	Name:	Date:	
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. (Not applicable to Service of Process)			Subtotal: <div style="text-align: right; font-size: 2em; color: red; font-weight: bold;">7</div>	
OTHER REIMBURSEMENT EXPENSES As permitted under JAC Policies and Procedures or pursuant to court order. Specify Other: <div style="text-align: right; font-size: 2em; color: red; font-weight: bold;">8</div> (invoice/receipt, proof of payment, and court order if applicable, MUST BE ATTACHED)				Subtotal:
Vendor Certification Under penalty of perjury, I certify that the person who performed services were properly licensed at the time of service and were authorized to perform all services applicable to this invoice; that I have read the foregoing Investigator, Mitigation Specialist, and/or Process Server 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. <div style="text-align: center; font-size: 2em; color: red; font-weight: bold;">9</div>		Certification of Receipt of Services 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.		JAC DOC STAMP JAC Date Stamp
Vendor Signature (Blue Ink) _____ Date _____	Attorney/Pro Se Defendant Signature _____ Date _____ (Blue Ink)			
Vendor Printed Name _____	Printed Name / Florida Bar Number _____			
Vendor License Number _____ Phone Number _____				
BILL WILL BE RETURNED IF NOT SIGNED. IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.				
JAC APPROVAL		AUDIT NOTES		

INSTRUCTIONS

Section 1.

- Vendor Name – (as listed on Substitute Form W-9 and JAC Contract) Provide name of investigative agency under which the investigator provided services. The investigative agency must be licensed by the Department of Agriculture and Consumer Services, Division of Licensing.
- Tax ID Number – Provide federal tax identification number (either FEIN or Social Security) of Vendor or Firm as indicated on JAC Agreement and Substitute Form W-9. Vendor or Firm 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 check box – Please check if Indigent for Costs counsel or Pro Se defendant, 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 site).

Section 3.

- Case Number – Provide the 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 check box for Investigator, Mitigation Specialist, or Process Server as applicable.
- For each licensed private investigator or mitigation specialist – Provide the hours worked (in tenths) and the hourly rate. Subtotal is automatically calculated as form is completed.
- For each licensed intern investigators (60% rate for licensed investigator) – Provide the hours worked (in tenths) and the hourly rate. Subtotal is automatically calculated as form is completed. **MUST attach a detailed hourly statement.** Include the date, type of service(s) provided, and the amount of time worked for each service. Include the name of the investigator(s) who provided the service(s) and license number(s) and type(s). An investigator may not bill multiple days without indicating the number of hours worked on each particular date. For review of documents, the billing should identify the type of document and approximate number of pages reviewed.

Section 5.

- Subpoena Service Information – Provide the number of subpoenas served along with the cost per subpoena.

Section 6.

- Name and Date of Individual(s) Served – Provide the name and date of each individual served, using first and last name. Provide a return of service for each person served. (If additional space is needed, please attach an additional sheet).

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. **(Not applicable to Service of Process).**

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 License Number – Provide Class A and C Investigator license numbers issued by Department of Agriculture and Consumer Services. A mitigation specialist in a capital case must also have 1) a Class A and C investigator license, 2) another Florida professional license in an appropriate field such as mental health or social work, or 3) be a member of the Florida Bar. For mitigation specialists without an investigator license, please indicate the area of Florida licensure in the space for the vendor printed name and the license number in the space for the vendor license.
- Vendor Printed Name – Provide the lead investigator's first and last name.
- Phone Number – Provide phone number where lead investigator can be reached.
- 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.