

# JAC Invoice - Certification and Request for Payment of Ordinary and Official Witnesses

Defendant's Attorney Name:	IFC	Pro Se	Case Number:
Florida Bar Number:	<input type="checkbox"/>	<input type="checkbox"/>	Select County... County and Circuit
Witness Name: <small>(One sheet per Witness)</small>		Defendant/Client Name:	
Witness Address: (where payment is to be mailed)			
Street	City	State	Zip Code-Plus 4
Social Security Number:		Total Invoice Amount: \$ 0.00 <small>(automatically calculated as form is completed)</small>	
ORDINARY WITNESS – CIVIL OR CRIMINAL (Pursuant to s. 92.142, F.S.). Provide <a href="#">MapQuest</a> print-out supporting mileage when billing for mileage.			
<input type="checkbox"/> Ordinary Witness entitled to \$5 per day witness fee.	Number of days:	Subtotal: 0.00	
Date Travelled:(MM/DD/YYYY)	Number of miles: X 0.06	Subtotal: 0.00	
ORDINARY WITNESS – CRIMINAL: for travel outside of county of residence and more than 50 miles. If selected, no per day witness fee, as above, is allowed, pursuant to s. 92.142, F.S.			
Date Travelled: (MM/DD/YYYY)	Subject to s. 112.061, F.S., attach <a href="#">DFS Travel Voucher</a> . <a href="#">DOT Mileage Calculator</a> MUST BE USED.		Subtotal:
OFFICIAL WITNESS/LAW ENFORCEMENT (Pursuant to s. 92.141, F.S.). Law enforcement travelling from home may redact home address from supporting documentation. Actual mileage must be provided; however, maps or other information showing home address may be redacted or omitted.			
<input type="checkbox"/> Appearing off-duty entitled to \$5 per day witness fee – Law Enforcement Only.	Number of days:	Subtotal: 0.00	
Date Travelled: (MM/DD/YYYY)	Subject to s. 112.061, F.S., attach <a href="#">DFS Travel Voucher</a> . <a href="#">DOT Mileage Calculator</a> MUST BE USED.		Subtotal:

### Attorney/Pro Se Defendant Certification

Under penalty of perjury, I certify that the witness fees and costs reflected on this invoice are true and correct and were necessary for the performance of my duties in the above-referenced case; that any travel expenses were actually incurred; and that the amount due is in accordance with Florida Statutes and the JAC Policies and Procedures.

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Attorney/Pro Se Defendant Signature (Blue Ink Only)

Date MM/DD/YYYY

Attorney/Pro Se Defendant Printed Name / Florida Bar Number

**ORIGINAL SIGNATURE REQUIRED**  
JAC WILL NOT ACCEPT COPIES  
OR FACSIMILES OF THIS FORM

JAC DOC STAMP

JAC Date Stamp

# INSTRUCTIONS

WIT-0612

## Section 1.

- 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.
- IFC/Pro Se check box – Please check if Indigent for Costs counsel or Pro Se defendant, as applicable.
- Witness Name – (One sheet per witness) Provide first and last name.

## Section 2.

- 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".

## Section 3.

- Witness Address – Enter witness mailing address where payment is to be mailed.

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

## Section 4.

- Ordinary Witness – Civil or Criminal – Check the appropriate box and provide number of days witness appeared. The subtotal is automatically calculated from number of days indicated. NOTE: Provide [MapQuest](#) print-out supporting mileage when billing for mileage. Date Travelled MUST BE ENTERED. Enter Number of Miles. Subtotal for mileage is automatically calculated.

## Section 5.

- Ordinary Witness – Criminal – for travel outside county of residence and more than 50 miles. If selected, no per day witness fee, as in Section 4 above, is allowed. Date Travelled MUST BE ENTERED. Enter Subtotal amount from your completed DFS Travel Voucher. NOTE: Subject to s. 112.061, F.S., 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 6.

### MILEAGE FOR LAW ENFORCEMENT ONLY

**Law enforcement travelling from home may redact home address from supporting documentation. Actual mileage must be provided; however, maps or other information showing home address may be redacted or omitted.**

- Official Witness – Law Enforcement – Check the appropriate box and provide number of days witness appeared and the subtotal is automatically calculated from the number of days indicated. Date Travelled MUST BE ENTERED. Enter Subtotal amount from your completed DFS Travel Voucher. NOTE: Subject to s. 112.061, F.S., 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 7.

- Attorney 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. **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.**