



## Justice Administrative Commission Policies and Procedures For Pro Se Defendants (Pro Se Information Packet)

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## Authority

The Justice Administrative Commission (JAC) is authorized to process and approve state payment of due process services (meaning services that are required to defend a case, such as court reporters, investigators, and expert witnesses) for indigent persons, or persons who have a statutory or constitutional right to court-appointed counsel. JAC processes bills for due process services on behalf of indigent defendants including those that are pro se (self-represented). The types of services for which JAC processes payments are listed in s. 29.007, F.S. Pursuant to s. 27.52(5), F.S., before JAC can process bills for due process services, a court must find that the self-represented defendant is “indigent for costs” (meaning that the defendant is eligible for state-funded due process services). If a defendant is represented by the public defender, regional counsel, privately retained counsel, or private court-appointed counsel, then payment of due process services are handled by those attorneys unless the attorney is acting as standby counsel. Standby counsel is an attorney who is appointed by a court to be available if a self-represented defendant requests the assistance of appointed counsel.

## Requirements

A pro se individual must be determined by a court as indigent for costs under section 27.52(5), F.S. In order to process a due process invoice(s) for a pro se individual, JAC must be provided with:

- A copy of the completed application to the clerk of the court for determination of indigent status;
- A copy of the court order determining the individual to be indigent for costs under section 27.52(5), F.S., and eligible for the provision of due process services;
- A copy of the motion seeking payment of due process costs;
- A copy of the order approving state payment of due process costs which specifies the name of the provider and the dollar amount approved by the court;
- A completed and signed JAC Invoice; and
- An original invoice where the service provider chooses to use his or her own invoice along with the JAC Invoice.

## Establishing Indigency

To have the JAC process payment for due process costs, the trial court must find the defendant “indigent for costs” under s. 27.52(5), F.S. This finding must occur before a defendant seeks the court’s appointment and/or authorization of any due process service or service provider. A clerk of court’s determination of indigence for appointment of counsel under s. 27.52(1), F.S., is not sufficient. The defendant must obtain a separate order from the trial court declaring the defendant “indigent for costs” under s. 27.52(5), F.S. A copy of this order must be provided to JAC along with a copy of the charging document (the information or indictment).

## Allowable Costs

Due process services are those that are necessary to defend a case. JAC is authorized to process bills for state payment of due process services authorized by ss. 27.425, 27.5305, and 29.007, F.S. Allowable due process costs include:

- Court reporting and transcription costs;
- Interpreters and translators at depositions or witness interviews;
- Private service of process when the sheriff is not available or unable to provide service;
- Private investigator services including costs to obtain case-related materials or documents;
- Mitigation specialist services in capital death cases;
- Witness and expert witness fees;
- Mental health professionals;
- Reasonable pretrial consultation fees and costs; and
- Travel costs for witness.

**Established Rates.** Each year, the Legislature sets the rates paid to due process service providers in the General Appropriations Act. The Legislature has adopted uniform statewide rates for court reporting, and investigative services in all cases; in addition to mitigation specialist services in capital death cases. Rates for other due process services may be different in each circuit. A rate chart is included in your packet at page 48. Rate charts for other circuits are can be found at: [https://www.justiceadmin.org/court\\_app\\_counsel/formsandrates.aspx](https://www.justiceadmin.org/court_app_counsel/formsandrates.aspx)

**What JAC Cannot Process.** JAC has no authority to process bills for legal materials, office supplies, access to legal research materials, postage, or telephone charges. A defendant is not entitled to additional costs because the defendant is in jail. Such supplies are provided at the institution in which the defendant is incarcerated. If being in jail makes self-representation difficult, a defendant may wish to request that the court appoint an attorney. Please know that *pro se* (self-represented) defendants cannot be paid for representing themselves.

JAC generally does not process bills for costs in civil cases such as family law cases, probate cases, and civil law suits. Those cases are not within the scope of s. 27.52(5), F.S. In post-conviction cases, JAC is not authorized to process any bills for costs until a motion for post-conviction relief has been filed with the trial court, and the trial court has issued an order stating that there are issues needing further review or consideration (evidentiary hearing) by a court.

## Motion and Order for Due Process Services

**Motion for Court Authorization of Due Process Services.** State payment of due process services must be authorized by a court order, except where JAC has indicated that prior court authorization is not required. A motion requesting authorization for due process services should state the due process services requested (such as expert and/or investigator) and the dollar amount (cost) for those services (the maximum amount to be spent). The motion should also explain why those services are needed by the defense. The defendant must show that the due process services are reasonable and necessary for the defense of the case.

Unless JAC has expressly waived its right to a hearing, JAC must be provided with a copy of the written motion and notice of hearing prior to a court entering an order regarding any motion for state payment of due process costs or related expenses.

The written motion requesting the services and state payment should be filed and decided by the trial court before ordering any due process services. A copy of the motion must be sent (served) to JAC before the trial court considers the motion. JAC is entitled to reasonable notice, which is at least five business days' notice, of any hearing set on a motion for due process services. The defendant is responsible for sending the notice of hearing to JAC. When providing JAC notice, the defendant must consider mailing time.

**JAC Response.** JAC will respond to any motion for due process services typically within five business days after receiving the motion. JAC may oppose the request for any due process services and/or the amount requested for the due process services. JAC's response will state whether JAC desires a hearing on the motion or not. When a defendant requests due process services at a rate higher than the established rates, the motion must state the need for services at the higher rate. The defendant must show that the requested due process services are necessary for the defense of the case and that the defendant made diligent efforts to obtain the services within the established rates. To facilitate your search for a due process service provider, please know that JAC posts the Due Process Vendors with JAC Contracts on its website at <https://justiceadmin.org/Contracted%20Due%20Process%20Vendors/default.aspx>. Please note that JAC does not verify the professional qualifications of the persons listed. It is the sole responsibility of the party using the services of a person listed to verify their professional qualifications. Generally, requests seeking rates higher than the established rates apply to experts. Requests for investigators, court reporters, interpreters, and private process servers must be within the established rates.

**Court Order.** A court order authorizing due process services must contain necessary information for JAC to process a bill for payment. The court order should be obtained by the defendant before the services are performed. For payment purposes, the order should list each service authorized, the rate, and the maximum amount authorized for each service. If the defendant is seeking a rate that is higher than the established rates or there is no rate established for the type of service, then the order must state the rate authorized by the court. JAC cannot process a bill for any rate higher than the established rates without an order allowing the higher rate.

As long as the order sets forth the due process services authorized, the maximum amount authorized, and the applicable rate when required, JAC can process a bill for those services without need for another court order. The bill must be consistent with the amounts authorized by the court order. If JAC has objections to a bill, JAC will issue a letter of objection explaining JAC concerns.

## **Court Reporter Services**

**Court Reporter Appearance Fees.** JAC may process bills for court reporter appearance fees for payment without a court order. As long as the deposition may be taken without the need for prior court approval under the Florida Rules of Criminal Procedure, JAC does not need an order authorizing payment of court reporter appearance fees. In most instances, Category A witnesses under Fla. R. Crim. P. 3.220(b) may be deposed without prior court approval. However, payment for transcription of this type of deposition does require a court order.

**Transcripts.** All transcripts, except appellate transcripts, require a court order. Unlike other due process services, orders authorizing transcripts do not need to indicate the amount authorized. When deposition transcripts are authorized by the court, JAC will pay for one original and one copy. The court order should state the name of the witness and the date of the deposition. An order may authorize transcripts for more than one witness. For hearing transcripts (other than appellate), the order should state the type of hearing and the date. For transcription of audiotapes, the order should state the name of the witness or type of recording (i.e., 911 call) and date of recording. For appellate transcripts, the designation of the record (hearings to be transcribed for the appeal) required by Fla. R. App. P. 9.200 may be used instead of a court order.

**Transcript Copies.** JAC can only pay for the cost of one original transcript of any deposition, hearing, or other proceeding. Once an original has been paid by JAC, any future copies are paid for at the copy rate, even if the transcript is designated as an original.

**Expedited Rates for Transcripts.** For JAC to pay expedited (“rush job”) rates for any transcript, a motion stating the reason for expedited rates and an order approving the rates must be provided. Both the motion and the order need to state the reason for the expedited rates. JAC generally does not pay expedited rates when the need for expedited rates is the result of inaction. It is a defendant’s responsibility to request transcript in a timely manner.

**Videotaped Depositions.** A court order is required for the videotaping of a deposition, except where a deposition is legally required to be videotaped. No court order is required when the deposition is of a child under the age of 18. Absent extraordinary circumstances, JAC will not process payment for the attendance of both a court reporter and the person taping the deposition. The videotape is an electronic record from which a court reporter can prepare a transcript at a later date, if so required.

## Investigator Services

**Court Order.** A court order authorizing private investigator services is required for JAC to process an investigator bill for payment. The order authorizing investigator services should be obtained before the investigator provides any services. The order should set forth the specific need for private investigator services, the rate, and the maximum amount of costs authorized for those services.

**Private Investigator’s Role.** The role of a private investigator is limited to providing investigative services, such as: locating and interviewing witnesses; locating and securing documents and other evidence relevant to the case; performing background checks; and researching any other factual issue relevant to the case, such as credibility and character of witnesses. An investigator is not a substitute for a paralegal or secretary and cannot be used to perform administrative tasks.

With prior court approval, JAC may pay process bills for costs to obtain documents such as charges for discovery-related costs or for medical records of the defendant. These costs are usually paid for by the investigator and then reimbursed by JAC.

## Private Service of Process

As a general rule, JAC does not process bills for private service of process. Under s. 57.081, F.S., the sheriff will provide service of process without requiring prepayment in cases involving indigent persons. In order to use a private process server to serve witnesses, a motion must be filed stating the need for a private process server. If the circuit has an authorized rate for private service of process, then the court order does not need to indicate the rate for private service of process. If the circuit has no authorized rate, the motion and order must indicate the rate sought for private service of process. When authorized, a private investigator for the defendant can provide service of process. However, the investigator may only bill JAC for the rate allowed for private service of process.

## Mitigation Specialist Services in Capital Death Cases

JAC can only process bills for mitigation specialists in capital cases in which the state is seeking the death penalty. A mitigation specialist must have a valid Class “C”- Private Investigator License, issued by the Florida Department of Agriculture and Consumer Services, and be affiliated with an investigative firm with a valid Class “A”- Private Investigative Agency license. The only exception is if the mitigation specialist has another professional license that substitutes for the investigator license, such as a license in social work, mental health or other.

## Expert Services

**Motion for Expert Services.** Prior to retaining an expert, the defendant must file a written motion seeking the court’s authorization for state payment of expert services. Experts include psychologists, medical doctors, crime scene experts, accident reconstructionists, DNA experts, ballistic/firearms experts, and other persons with specialized knowledge and training that permits them to testify as an expert before a court.

The defendant has the burden to show the particularized (specific) need for the expert’s services. The information in the motion should be sufficiently detailed for the trial court and the JAC to understand the need for the requested expert. Generally, experts are paid on an hourly basis. In limited circumstances, a court may authorize compensation in a different manner such as a flat fee for a competency evaluation; a set rate for a type of DNA test; or a fee for medical procedures like MRIs, CAT scans, or PET scans. In those situations, the motion and order must state the set rate or fee for those services. JAC does not prepay retainers for expert services or any other due process services.

**Out of State Experts.** The use of out-of-state experts is not authorized when there are competent experts available in Florida. A defendant should not request out-of-state experts without showing that there are no other experts with appropriate skills or expertise available, first, in the county in which the case was filed, and second, in any other county in Florida. To facilitate your search for a due process service provider in Florida, please know that JAC posts the Due Process Vendors with JAC Contracts on its website at

<https://justiceadmin.org/Contracted%20Due%20Process%20Vendors/default.aspx>.

Please note that JAC does not verify the professional qualifications of the persons listed. It is the sole responsibility of the party using the services of a person listed to verify their professional qualifications.

**Number of Experts.** Generally, the defendant is only entitled to one expert in an area (such as mental health). If the defendant desires more than one expert in similar categories, the defendant must establish the reason for the appointment of multiple experts in the same general area.

## **Exhaustion of Amount Authorized**

When using a due process vendor, the defendant should inform the due process vendor of the amount authorized by the trial court. This can be done by providing the due process vendor with a copy of the court order. If the vendor is going to exceed the amount authorized, the vendor must immediately notify the defendant if additional services are required so that the defendant can file a motion with the court for approval of state payment of additional due process services. The defendant should file a motion requesting additional services before the due process vendor performs any additional services in the matter.

## **Travel Expenses**

When authorized by law, JAC can process bills for travel expenses pursuant to s. 112.061, F.S. Generally, travel expenses must be approved by a specific court order. All travel must be pursuant to Florida law, particularly the requirements of s. 112.061, F.S. Travel reimbursement is only for witnesses and due process vendors. Reimbursement for travel expenses must be submitted on the State of Florida Voucher for Reimbursement of Travel which is accepted by the Department of Financial Services. This voucher can be found on JAC's website at: [https://www.justiceadmin.org/court\\_app\\_counsel/attorney\\_fees/travel/D.%20Travel/DFS-AA-15VoucherforReimbursement.pdf](https://www.justiceadmin.org/court_app_counsel/attorney_fees/travel/D.%20Travel/DFS-AA-15VoucherforReimbursement.pdf)

## **Submission of Bills**

**JAC Invoice.** JAC Invoices for due process services are necessary to process due process bill for state payment. The defendant and/or due process vendor must complete, sign, and submit the correct JAC Invoice as well as all supporting documents. JAC only accepts bills submitted with JAC Invoices. Bills sent without a JAC Invoice are not reviewed. Generally, the due process vendor will prepare the JAC Invoice. However, copies of these invoices are contained in your Pro Se Packet.

The JAC Invoice must be fully completed and include all the information requested on the JAC Invoice. After reviewing the bill packet, the defendant must sign the JAC Invoice to allow payment to a due process vendor. By signing the "Certification," the defendant certifies (confirms) that the work was necessary and completed satisfactorily. JAC cannot process any JAC Invoice for payment that is not signed by the defendant or standby counsel. (Standby counsel can act as an authorized representative of the defendant for this purpose.) The only instance when JAC can process a JAC Invoice that is not signed by the defendant is where appellate transcripts are certified by the clerk of the court.

**Audit Deficiency Notice.** When JAC receives a bill for due process services without necessary documentation or information, JAC may send the due process vendor and the defendant an Audit Deficiency Notice. The Notice will state the reason JAC is unable to process the bill and will request that the due process vendor and/or the defendant provide the lacking documentation or information. When JAC issues an Audit Deficiency Notice, the due process vendor and/or defendant needs to provide the additional documentation to resolve the issue quickly. Failure to



resolve the issues listed in the Audit Deficiency Notice may result in JAC paying the billing at a lower rate or returning the bill.

**Letter of Objection.** If JAC has an objection to a due process vendor's bill, JAC may send a letter of objection. The letter will list JAC's objection(s) and whether JAC requires a hearing on the matter. Until JAC issues a letter of objection, a defendant is not permitted to file a motion for payment. An Audit Deficiency Notice is not a letter of objection. When a defendant receives a letter of objection, the defendant is responsible for filing a motion for payment of the invoice with the court. A copy of JAC's letter of objection must be attached to the motion. JAC must be served with a copy of the motion.

## **JAC's Due Process Vendor Lists**

JAC maintains lists of due process vendors with current JAC contracts. The information on the list is from the vendors and has not been approved or checked by JAC. It is the responsibility of the defendant using the services of a listed vendor to check their professional qualifications. The listing of a vendor on JAC's list does not mean that JAC recommends or approves the hiring of the vendor. In addition, even if a vendor is listed, JAC may still object to the trial court's authorization/payment of the vendor including any objection to rates higher than the rates established by law. It is the defendant's responsibility to make diligent efforts to obtain services within the rates established by law.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,

JUDGE: \_\_\_\_\_

Defendant.

\_\_\_\_\_/

**MOTION TO INCUR COSTS TO OBTAIN  
CASE-RELATED DOCUMENTS AND MATERIALS**

COMES NOW the Defendant, by and through the undersigned counsel, and moves to have the defendant declared indigent for costs pursuant to section 27.52(5), Florida Statutes, and in support thereof, shows the following:

1. The Defendant is indigent and the undersigned [was appointed by the Court to represent the Defendant]/[is privately retained and the Court previously found the Defendant indigent for costs]. [PICK WHICHEVER IS APPLICABLE].
2. The defense requests authorization to incur up to \$\_\_\_\_\_ for costs to obtain case-related documents and materials including but not limited to discovery from the office of the state attorney, law enforcement records, medical records, records obtained through subpoena duces tecum, and other pertinent case-related documents and materials.
3. The undersigned acknowledges that this authorization will not apply to court-related fees and charges assessed by the local clerk of court pursuant to the terms of sections 28.345 and 57.081, Florida Statutes.
4. The amount incurred for these costs will conform to the limits set forth in Florida law including but not limited to section 92.153, Florida Statutes (costs for producing documents

pursuant to a subpoena duces tecum); section 119.07, Florida Statutes (fees for public records requests to state entities); and section 395.3025, Florida Statutes (fees to obtain medical records).

WHEREFORE, the defense requests this Court enter an order authorizing the defense to incur costs to obtain case-related documents and materials.

Respectfully submitted,

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,

JUDGE: \_\_\_\_\_

Defendant.

\_\_\_\_\_/

**ORDER AUTHORIZING THE DEFENSE TO INCUR COSTS  
TO OBTAIN CASE-RELATED DOCUMENTS AND MATERIALS**

THIS CAUSE having coming before the Court upon the Motion to Incur Costs to Obtain Case-Related Documents and Materials in the above entitled cause; and this Court having reviewed the Motion and the response of the Justice Administrative Commission, the Court finds that the defense has shown this request is necessary for the defense of the case.

**IT IS HEREBY ORDERED AND ADJUDGED as follows:**

1. The Defense is authorized to incur up to \$\_\_\_\_\_ for costs to obtain case-related documents and materials including but not limited to discovery from the office of the state attorney, law enforcement records, medical records, records obtained through subpoena duces tecum, and other pertinent case-related documents and materials.

2. This authorization does not apply to court-related fees and charges assessed by the local clerk of court pursuant to the terms of sections 28.345 and 57.081, Florida Statutes, because the defendant indigent and therefore entitled to obtain documents and materials from the local clerk of court without requirement of prepayment.

3. The amount incurred for these costs will conform to the limits set forth in Florida law including but not limited to section 92.153, Florida Statutes (costs for producing documents

pursuant to a subpoena duces tecum); section 119.07, Florida Statutes (fees for public records requests to state entities); and section 395.3025, Florida Statutes (fees to obtain medical records).

4. Should a party providing case-related documents or materials to the defense desire direct payment from the Justice Administrative Commission, the party must enter into a contract with the Justice Administrative Commission. The defense and the party must comply with all policies and procedures of the Justice Administrative Commission related to the submission of billings for direct payment to a due process vendor.

5. The Defendant is liable to pay the amount of any due process costs provided to the defense as directed by section 27.52 and section 938.29, Florida Statutes. If the Defendant is convicted, the Court is responsible for determining the amount of the obligation to be imposed as a lien against the Defendant.

DONE AND ORDERED in \_\_\_\_\_, \_\_\_\_\_ County on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

4. The Defendant is liable to pay the amount of any due process costs provided to the defense as directed by section 27.52 and section 938.29, Florida Statutes. If the Defendant is convicted, the Court is responsible for determining the amount of the obligation to be imposed as a lien against the Defendant.

DONE AND ORDERED in \_\_\_\_\_, \_\_\_\_\_ County on this  
\_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,  
Defendant.

JUDGE: \_\_\_\_\_

\_\_\_\_\_/

**ORDER AUTHORIZING THE DEFENSE TO INCUR COSTS  
FOR DEFENSE FORENSIC EXPERT**

THIS CAUSE having coming before the Court upon the Motion to Incur Costs for Defense Forensic Expert in the above entitled cause; and this Court having reviewed the Motion and the response of the Justice Administrative Commission, the Court finds that the defense has shown that the assistance of a defense forensic expert is necessary for the defense of the case.

**IT IS HEREBY ORDERED AND ADJUDGED as follows:**

1. The defense is authorized to incur up to \$\_\_\_\_\_ for [EXPERT TYPE] at the rates established by law [FOR CIRCUITS WITH AN ESTABLISHED RATE]/at the rate(s) of [RATE STRUCTURE] [FOR CIRCUITS WITHOUT AN ESTABLISHED RATE OR RATES IN EXCESS OF THE RATES ESTABLISHED BY LAW].
2. The defense is authorized to retain the service of \_\_\_\_\_. [NAME OF PROPOSED PROVIDED]
3. Should the forensic expert desire direct payment from the Justice Administrative Commission, the expert must enter into a contract with the Justice Administrative Commission. The defense and the forensic expert must comply with all policies and procedures of the Justice Administrative Commission related to the submission of billings for direct payment to a due process vendor.

Respectfully submitted,



IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,  
Defendant.

JUDGE: \_\_\_\_\_

\_\_\_\_\_/

**MOTION TO INCUR COSTS FOR DEFENSE FORENSIC EXPERT**

COMES NOW the Defendant, by and through the undersigned counsel, and moves to incur costs for a defense forensic expert, and in support thereof, shows the following:

1. The Defendant is indigent and the undersigned [was appointed by the Court to represent the Defendant]/[is privately retained and the Court previously found the Defendant indigent for costs]. [PICK WHICHEVER IS APPLICABLE]

2. The defense requests the assistance of a [EXPERT TYPE] to assist the defense. The basis for this request is [SHORT DESCRIPTION OF PARTICULARIZED NEED FOR EXPERT SERVICES]

3. The defense requests authorization to retain the services of \_\_\_\_\_.  
[NAME AND TITLE/QUALIFICATIONS OF PROPOSED PROVIDER]

4. The defense requests authorization for \$\_\_\_\_\_ at the rates established by law [FOR CIRCUITS WITH AN ESTABLISHED RATE]/at the rate(s) of [RATE STRUCTURE] [FOR CIRCUITS WITHOUT AN ESTABLISHED RATE OR SEEKING A RATE IN EXCESS OF THE RATES ESTABLISHED BY LAW]. [DESCRIBE JUSTIFICATION IF SEEKING A RATE IN EXCESS OF THE RATES ESTABLISHED BY LAW].

WHEREFORE, the defense requests this Court enter an order authorizing the defense to incur costs for a forensic expert as set forth above.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,  
Defendant.

JUDGE: \_\_\_\_\_

\_\_\_\_\_/

**MOTION TO INCUR COSTS FOR HEARING TRANSCRIPTS**

COMES NOW the Defendant, by and through the undersigned counsel, and moves to incur costs for hearing transcripts and in support thereof, shows the following:

1. The Defendant is indigent and the undersigned [was appointed by the Court to represent the Defendant]/[is privately retained and the Court previously found the Defendant indigent for costs]. [PICK WHICHEVER IS APPLICABLE].

2. The defense request to have the following hearings transcribed:

Hearing Type

Date of Hearing

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Preparation of the transcripts of these hearings is necessary for the following reason(s)

\_\_\_ The transcript(s) are necessary for use at trial or evidentiary hearing.

\_\_\_ The transcript(s) are necessary in support of a pretrial motion.

\_\_\_ The transcript(s) are necessary to prepare for trial.

\_\_\_ Other:

WHEREFORE, the defense requests this Court enter an order authorizing preparation of hearing transcript(s) as set forth above at the rates established by law.

Respectfully submitted,

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,  
Defendant.

JUDGE: \_\_\_\_\_

\_\_\_\_\_/

**ORDER AUTHORIZING THE DEFENSE TO  
INCUR COSTS FOR HEARING TRANSCRIPTS**

THIS CAUSE having coming before the Court upon the Motion to Incur Costs for Hearing Transcripts in the above entitled cause; and this Court having reviewed the Motion and the response of the Justice Administrative Commission, the Court finds that the defense has shown that the preparation of the requested transcripts is necessary for the defense of the case.

IT IS HEREBY ORDERED AND ADJUDGED as follows:

1. The defense is authorized to incur costs to having the following hearing transcript(s) prepared:

Hearing Type

Date of Hearing

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Should any court reporter desire direct payment from the Justice Administrative Commission, the court reporter must enter into a contract with the Justice Administrative Commission. The defense and court reporter must comply with all policies and procedures of the

Justice Administrative Commission related to the submission of billings for direct payment to a due process vendor.

3. The Defendant is liable to pay the amount of any due process costs provided to the defense as directed by section 27.52 and section 938.29, Florida Statutes. If the Defendant is convicted, the Court is responsible for determining the amount of the obligation to be imposed as a lien against the Defendant.

DONE AND ORDERED in \_\_\_\_\_, \_\_\_\_\_ County on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,  
Defendant.

JUDGE: \_\_\_\_\_

\_\_\_\_\_/

**MOTION TO INCUR COSTS FOR DEFENSE MEDICAL EXPERT**

COMES NOW the Defendant, by and through the undersigned counsel, and moves to incur costs for a defense medical expert, and in support thereof, shows the following:

1. The Defendant is indigent and the undersigned [was appointed by the Court to represent the Defendant]/[is privately retained and the Court previously found the Defendant indigent for costs]. [PICK WHICHEVER IS APPLICABLE]
2. The defense requests the assistance of a medical expert to assist the defense. The basis for this request is [SHORT DESCRIPTION OF PARTICULARIZED NEED FOR EXPERT SERVICES. INCLUDE ANY SPECIALITY THE EXPERT HAS SUCH AS FORENSIC PATHOLOGIST, PSYCHIATRIST, RADIOLOGIST, OR TOXICOLOGIST]
3. The defense requests authorization to retain the services of \_\_\_\_\_.  
[NAME AND TITLE/QUALIFICATIONS OF PROPOSED PROVIDER]
4. The defense requests authorization for \$\_\_\_\_\_ at the rates established by law [FOR CIRCUITS WITH AN ESTABLISHED RATE]/at the rate(s) of [RATE STRUCTURE] [FOR CIRCUITS WITHOUT AN ESTABLISHED RATE OR SEEKING A RATE IN EXCESS OF THE RATES ESTABLISHED BY LAW]. [DESCRIBE JUSTIFICATION IF SEEKING A RATE IN EXCESS OF THE RATES ESTABLISHED BY LAW].

WHEREFORE, the defense requests this Court enter an order authorizing the defense to incur costs for a forensic expert as set forth above.

Respectfully submitted,

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,  
Defendant.

JUDGE: \_\_\_\_\_

\_\_\_\_\_/

**ORDER AUTHORIZE THE DEFENSE TO INCUR COSTS  
FOR DEFENSE MEDICAL EXPERT**

THIS CAUSE having coming before the Court upon the Motion to Incur Costs for Defense Medical Expert in the above entitled cause; and this Court having reviewed the Motion and the response of the Justice Administrative Commission, the Court finds that the defense has shown that the assistance of a defense medical expert is necessary for the defense of the case.

**IT IS HEREBY ORDERED AND ADJUDGED as follows:**

1. The defense is authorized to incur up to \$\_\_\_\_\_ for a medical expert at the rates established by law [FOR CIRCUITS WITH AN ESTABLISHED RATE]/at the rate(s) of [RATE STRUCTURE] [FOR CIRCUITS WITHOUT AN ESTABLISHED RATE OR RATES IN EXCESS OF THE RATES ESTABLISHED BY LAW].
2. The defense is authorized to retain the service of \_\_\_\_\_. [NAME OF PROPOSED PROVIDED]
3. Should the medical expert desire direct payment from the Justice Administrative Commission, the expert must enter into a contract with the Justice Administrative Commission. The defense and the medical expert must comply with all policies and procedures of the Justice Administrative Commission related to the submission of billings for direct payment to a due process vendor.



4. The Defendant is liable to pay the amount of any due process costs provided to the defense as directed by section 27.52 and section 938.29, Florida Statutes. If the Defendant is convicted, the Court is responsible for determining the amount of the obligation to be imposed as a lien against the Defendant.

DONE AND ORDERED in \_\_\_\_\_, \_\_\_\_\_ County on this  
\_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,  
Defendant.

JUDGE: \_\_\_\_\_

\_\_\_\_\_/

**MOTION TO INCUR COSTS FOR DEFENSE MENTAL HEALTH EXPERT**

COMES NOW the Defendant, by and through the undersigned counsel, and moves to incur costs for a defense mental health expert, and in support thereof, shows the following:

1. The Defendant is indigent and the undersigned [was appointed by the Court to represent the Defendant]/[is privately retained and the Court previously found the Defendant indigent for costs]. [PICK WHICHEVER IS APPLICABLE]

2. The defense requests the assistance of a defense mental health expert to assist the defense. The basis for this request is: [CHECK ANY THAT APPLY]

\_\_\_ Defense counsel has reason to believe the defendant is not mentally competent to proceed.

\_\_\_ Defense counsel has reason to believe the defendant was insane at the time of the offense.

\_\_\_ Defense counsel seeks a mental health expert for purposes of seeking a departure from the presumptive sentence established in the guidelines.

\_\_\_ Defense counsel seeks a mental health expert for mitigation purposes.

\_\_\_ Defense counsel seeks a mental health expert for purposes of seeking juvenile sanctions/youthful offender status. [PLEASE SPECIFY]

\_\_\_ Other: [PLEASE SPECIFY]

3. The defense requests authorization to retain the services of \_\_\_\_\_.

[NAME AND TITLE/QUALIFICATIONS OF PROPOSED PROVIDER—OMIT IF SEEKING  
GENERIC AUTHORIZATION]

4. The defense requests authorization for \$\_\_\_\_\_ at the rates established by law [FOR  
CIRCUITS WITH AN ESTABLISHED RATE]/at the rate(s) of [RATE STRUCTURE] [FOR  
CIRCUITS WITHOUT AN ESTABLISHED RATE OR SEEKING A RATE IN EXCESS OF  
THE RATES ESTABLISHED BY LAW]. [DESCRIBE JUSTIFICATION IF SEEKING A  
RATE IN EXCESS OF THE RATES ESTABLISHED BY LAW].

WHEREFORE, the defense requests this Court enter an order authorizing the defense to  
incur costs for a mental health expert as set forth above.

Respectfully submitted,

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,  
Defendant.

JUDGE: \_\_\_\_\_

\_\_\_\_\_/

**ORDER AUTHORIZE THE DEFENSE TO INCUR COSTS  
FOR DEFENSE MENTAL HEALTH EXPERT**

THIS CAUSE having coming before the Court upon the Motion to Incur Costs for Defense Mental Health Expert in the above entitled cause; and this Court having reviewed the Motion and the response of the Justice Administrative Commission, the Court finds that the defense has shown that the assistance of a defense mental health expert is necessary for the defense of the case.

**IT IS HEREBY ORDERED AND ADJUDGED as follows:**

1. The defense is authorized to incur up to \$\_\_\_\_\_ for a defense mental health expert at the rates established by law [FOR CIRCUITS WITH AN ESTABLISHED RATE]/at the rate(s) of [RATE STRUCTURE] [FOR CIRCUITS WITHOUT AN ESTABLISHED RATE OR RATES IN EXCESS OF THE RATES ESTABLISHED BY LAW].
2. The defense is authorized to retain the service of \_\_\_\_\_. [NAME OF PROPOSED PROVIDER—OMIT IF SEEKING GENERIC AUTHORIZATION]
3. Should the mental health expert desire direct payment from the Justice Administrative Commission, the expert must enter into a contract with the Justice Administrative Commission. The defense and the mental health expert must comply with all policies and procedures of the

Justice Administrative Commission related to the submission of billings for direct payment to a due process vendor.

4. The Defendant is liable to pay the amount of any due process costs provided to the defense as directed by section 27.52 and section 938.29, Florida Statutes. If the Defendant is convicted, the Court is responsible for determining the amount of the obligation to be imposed as a lien against the Defendant.

DONE AND ORDERED in \_\_\_\_\_, \_\_\_\_\_ County on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,

JUDGE: \_\_\_\_\_

Defendant.

\_\_\_\_\_/

**MOTION TO INCUR COSTS FOR MITIGATION SPECIALIST**

COMES NOW the Defendant, by and through the undersigned counsel, and moves to incur costs for a defense mitigation specialist and in support thereof, shows the following:

1. The Defendant is indigent and the undersigned [was appointed by the Court to represent the Defendant]/[is privately retained and the Court previously found the Defendant indigent for costs]. [PICK WHICHEVER IS APPLICABLE].
2. The State is seeking the death penalty as a potential punishment in the above-cited case.
3. The defense requires the assistance of a mitigation specialist to help in developing mitigating evidence in this matter. The defense requests authorization for up to \$ \_\_\_\_\_ at the rate of \$75 per hour for the services of \_\_\_\_\_ as the defense mitigation specialist in this matter.

WHEREFORE, the defense requests this Court enter an order authorizing the defense to incur costs for a mitigation specialist as set forth above.

Respectfully submitted,

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,

JUDGE: \_\_\_\_\_

Defendant.

\_\_\_\_\_/

**ORDER AUTHORIZING THE DEFENSE TO  
INCUR COSTS FOR MITIGATION SPECIALIST**

THIS CAUSE having coming before the Court upon the Motion to Incur Costs for Mitigation Specialist in the above entitled cause; and this Court having reviewed the Motion and the response of the Justice Administrative Commission, the Court finds that the defense has shown that the assistance of a mitigation specialist is necessary for the defense of the case.

IT IS HEREBY ORDERED AND ADJUDGED as follows:

1. The defense is authorized to retain \_\_\_\_\_ as the defense mitigation specialist.

2. The defense is authorized to incur up to \$\_\_\_\_\_ for mitigation specialist services at a rate of \$75 per hour.

3. Should any mitigation specialist desire direct payment from the Justice Administrative Commission, the mitigation specialist must enter into a contract with the Justice Administrative Commission. The defense and mitigation specialist must comply with all policies and procedures of the Justice Administrative Commission related to the submission of billings for direct payment to a due process vendor.

4. The Defendant is liable to pay the amount of any due process costs provided to the defense as directed by section 27.52 and section 938.29, Florida Statutes. If the Defendant is

convicted, the Court is responsible for determining the amount of the obligation to be imposed as a lien against the Defendant.

DONE AND ORDERED in \_\_\_\_\_, \_\_\_\_\_ County on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_



IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,

JUDGE: \_\_\_\_\_

Defendant.

\_\_\_\_\_/

**MOTION TO INCUR COSTS FOR PRIVATE INVESTIGATOR**

COMES NOW the Defendant, by and through the undersigned counsel, and moves to incur costs for a defense private investigator and in support thereof, shows the following:

1. The Defendant is indigent and the undersigned [was appointed by the Court to represent the Defendant]/[is privately retained and the Court previously found the Defendant indigent for costs]. [PICK WHICHEVER IS APPLICABLE].
2. The defense requires the assistance of a private investigator to assist in preparing the defense of this matter including but not limited to interviewing and locating witnesses, locating documents, performing background checks, and researching factual issues.
3. The defense requests authorization for up to \$\_\_\_\_\_ at the rates established by law for private investigator services in this matter.

WHEREFORE, the defense requests this Court enter an order authorizing the defense to incur costs for a private investigator as set forth above at the rates established by law.

Respectfully submitted,

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,

JUDGE: \_\_\_\_\_

Defendant.

\_\_\_\_\_/

**ORDER AUTHORIZING THE DEFENSE TO  
INCUR COSTS FOR PRIVATE INVESTIGATOR**

THIS CAUSE having coming before the Court upon the Motion to Incur Costs for Private Investigator in the above entitled cause; and this Court having reviewed the Motion and the response of the Justice Administrative Commission, the Court finds that the defense has shown that the assistance of a private investigator is necessary for the defense of the case.

IT IS HEREBY ORDERED AND ADJUDGED as follows:

1. The defense is authorized to incur up to \$\_\_\_\_\_ for private investigator services at the rates established by law.
2. Any private investigator providing services in this matter must be properly licensed in accordance with Florida law.
3. Any private investigator shall only be compensated for providing investigative services including but not limited to Interviewing and locating witnesses, locating documents, performing background checks, and researching factual issues. An investigator is not a substitute for a paralegal or secretary and cannot be compensated for performing tasks of a paralegal, secretarial or administrative nature.
4. Should any private investigator desire direct payment from the Justice Administrative Commission, the private investigator must enter into a contract with the Justice

Administrative Commission. The defense and private investigator must comply with all policies and procedures of the Justice Administrative Commission related to the submission of billings for direct payment to a due process vendor.

5. The Defendant is liable to pay the amount of any due process costs provided to the defense as directed by section 27.52 and section 938.29, Florida Statutes. If the Defendant is convicted, the Court is responsible for determining the amount of the obligation to be imposed as a lien against the Defendant.

DONE AND ORDERED in \_\_\_\_\_, \_\_\_\_\_ County on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,

JUDGE: \_\_\_\_\_

Defendant.

\_\_\_\_\_/

**MOTION TO INCUR COSTS FOR TRANSCRIPTS OF RECORDINGS**

COMES NOW the Defendant, by and through the undersigned counsel, and moves to incur costs for transcripts of recordings (other than hearings and depositions) and in support thereof, shows the following:

1. The Defendant is indigent and the undersigned [was appointed by the Court to represent the Defendant]/[is privately retained and the Court previously found the Defendant indigent for costs]. [PICK WHICHEVER IS APPLICABLE].
2. The defense request to have the following recordings transcribed:

Recording Type/ Witness Name	Date of Recording
_____	_____
_____	_____
_____	_____
_____	_____

3. Preparation of the transcripts of these recordings is necessary for the following reason(s)  
\_\_\_ The transcript(s) are necessary for use at trial or evidentiary hearing.  
\_\_\_ The transcript(s) are necessary in support of a pretrial motion.  
\_\_\_ The transcript(s) are necessary to prepare for trial.

\_\_\_ Other:

WHEREFORE, the defense requests this Court enter an order authorizing preparation of transcript(s) as set forth above at the rates established by law.

Respectfully submitted,

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,

JUDGE: \_\_\_\_\_

Defendant.

\_\_\_\_\_/

**ORDER AUTHORIZING THE DEFENSE TO  
INCUR COSTS FOR TRANSCRIPTS OF RECORDINGS**

THIS CAUSE having coming before the Court upon the Motion to Incur Costs for Transcripts of Recordings in the above entitled cause; and this Court having reviewed the Motion and the response of the Justice Administrative Commission, the Court finds that the defense has shown that the preparation of the requested transcripts is necessary for the defense of the case.

IT IS HEREBY ORDERED AND ADJUDGED as follows:

1. The defense is authorized to incur costs to having the following transcript(s) of recordings prepared:

Hearing Type/  
Witness Name

Date of Hearing

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Should any court reporter desire direct payment from the Justice Administrative Commission, the court reporter must enter into a contract with the Justice Administrative Commission. The defense and court reporter must comply with all policies and procedures of the

Justice Administrative Commission related to the submission of billings for direct payment to a due process vendor.

3. The Defendant is liable to pay the amount of any due process costs provided to the defense as directed by section 27.52 and section 938.29, Florida Statutes. If the Defendant is convicted, the Court is responsible for determining the amount of the obligation to be imposed as a lien against the Defendant.

DONE AND ORDERED in \_\_\_\_\_, \_\_\_\_\_ County on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,  
Defendant.

JUDGE: \_\_\_\_\_

\_\_\_\_\_/

**MOTION TO INCUR COSTS FOR DEPOSITION TRANSCRIPTS**

COMES NOW the Defendant, by and through the undersigned counsel, and moves to incur costs for deposition transcripts and in support thereof, shows the following:

1. The Defendant is indigent and the undersigned [was appointed by the Court to represent the Defendant]/[is privately retained and the Court previously found the Defendant indigent for costs]. [PICK WHICHEVER IS APPLICABLE].

2. The defense request to have the following depositions transcribed:

Witness

Date of Deposition

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Preparation of the transcripts of these depositions is necessary for the following reason(s)

\_\_\_ The transcript(s) are necessary for use at trial or evidentiary hearing.

\_\_\_ The transcript(s) are necessary in support of a pretrial motion.

\_\_\_ The transcript(s) are necessary to prepare for trial.

\_\_\_ Other:



WHEREFORE, the defense requests this Court enter an order authorizing preparation of deposition transcript(s) as set forth above at the rates established by law.

Respectfully submitted,

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO.: \_\_\_\_\_

vs.

DIV.: \_\_\_\_\_

\_\_\_\_\_,

JUDGE: \_\_\_\_\_

Defendant.

\_\_\_\_\_/

**ORDER AUTHORIZING THE DEFENSE TO  
INCUR COSTS FOR DEPOSITION TRANSCRIPTS**

THIS CAUSE having coming before the Court upon the Motion to Incur Costs for Deposition Transcripts in the above entitled cause; and this Court having reviewed the Motion and the response of the Justice Administrative Commission, the Court finds that the defense has shown that the preparation of the requested transcripts is necessary for the defense of the case.

IT IS HEREBY ORDERED AND ADJUDGED as follows:

1. The defense is authorized to incur costs to having the following depositions transcript(s) prepared:

Witness	Date of Deposition
_____	_____
_____	_____
_____	_____
_____	_____

2. Should any court reporter desire direct payment from the Justice Administrative Commission, the court reporter must enter into a contract with the Justice Administrative Commission. The defense and court reporter must comply with all policies and procedures of the

Justice Administrative Commission related to the submission of billings for direct payment to a due process vendor.

3. The Defendant is liable to pay the amount of any due process costs provided to the defense as directed by section 27.52 and section 938.29, Florida Statutes. If the Defendant is convicted, the Court is responsible for determining the amount of the obligation to be imposed as a lien against the Defendant.

DONE AND ORDERED in \_\_\_\_\_, \_\_\_\_\_ County on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_



# JAC Invoice - Copies and Other Services

COP-081919

Vendor Name: <input style="width: 90%;" type="text"/> <small>(as listed on Substitute Form W-9 and JAC Contract)</small>	Invoice Number: <input style="width: 90%;" type="text"/> <small>(MAX 9 characters)</small>
Vendor Federal Employer Identification Number: <input style="width: 90%;" type="text"/> <small>(MUST match ID on Substitute Form W-9 and JAC Contract)</small>	Case Number: <input style="width: 90%;" type="text"/>
Defendant's Attorney Name: <input style="width: 80%;" type="text"/>	Select County... <input style="width: 80%;" type="text"/> County and Circuit
Florida Bar Number: <input style="width: 80%;" type="text"/>	Defendant/Client Name: <input style="width: 90%;" type="text"/>
<input type="checkbox"/> <b>State entity: All State Agencies (State Agencies or other entities processing bills through the FLAIR system), per DFS requirements, should be paid through Journal Transfer.</b>	Total Invoice Amount: <span style="float: right;">0.00</span> <small>(automatically calculated as form is completed)</small>

<b>Services Provided:</b>	Service Date: <input style="width: 80%;" type="text"/>	Format: MM/DD/YYYY
<input type="checkbox"/> Copies	Unit Quantity: <input style="width: 80%;" type="text"/>	Unit Rate \$ <input style="width: 80%;" type="text"/> Subtotal: 0.00
<input type="checkbox"/> Other Specify: <input style="width: 80%;" type="text"/>	Unit Quantity: <input style="width: 80%;" type="text"/>	Unit Rate \$ <input style="width: 80%;" type="text"/> Subtotal: 0.00
<input type="checkbox"/> Other Specify: <input style="width: 80%;" type="text"/>	Unit Quantity: <input style="width: 80%;" type="text"/>	Unit Rate \$ <input style="width: 80%;" type="text"/> Subtotal: 0.00
<input type="checkbox"/> Other Specify: <input style="width: 80%;" type="text"/>	Unit Quantity: <input style="width: 80%;" type="text"/>	Unit Rate \$ <input style="width: 80%;" type="text"/> Subtotal: 0.00
<input type="checkbox"/> Other Specify: <input style="width: 80%;" type="text"/>	Unit Quantity: <input style="width: 80%;" type="text"/>	Unit Rate \$ <input style="width: 80%;" type="text"/> Subtotal: 0.00
<input type="checkbox"/> Other Specify: <input style="width: 80%;" type="text"/>	Unit Quantity: <input style="width: 80%;" type="text"/>	Unit Rate \$ <input style="width: 80%;" type="text"/> Subtotal: 0.00
<input type="checkbox"/> Other Specify: <input style="width: 80%;" type="text"/>	Unit Quantity: <input style="width: 80%;" type="text"/>	Unit Rate \$ <input style="width: 80%;" type="text"/> Subtotal: 0.00

<b>TRAVEL EXPENSES / MILEAGE</b> A properly completed <a href="#">DFS Travel Voucher</a> 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 <a href="#">DOT Mileage Calculator</a> MUST BE USED when cities are listed therein. If not listed, other documentation may be used.	Subtotal: <input style="width: 80%;" type="text"/>
---	--

**<<<Attach Invoice and Receipt for Service.>>>**

<p style="text-align: center;"><b>Vendor Certification</b></p> <p>Under penalty of perjury, I certify that I have read the foregoing (Copies and Other 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> <hr/> Vendor Signature (Blue Ink) <span style="float: right;">Date <small>Format: MM/DD/YYYY</small></span> <hr/> Vendor Printed Name <span style="float: right;">Phone Number</span>	<p style="text-align: center;"><b>Certification of Receipt of Services</b></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> <hr/> Attorney/Pro Se Defendant Signature (Blue Ink) <span style="float: right;">Date <small>Format: MM/DD/YYYY</small></span> <hr/> Printed Name / Florida Bar Number	<p style="text-align: center;">JAC DOC STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">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.

JAC APPROVAL

AUDIT NOTES

# JAC Invoice - Copies and Other Services

COP-0119

Vendor Name: (as listed on Substitute Form W-9 and JAC Contract)	1	Invoice Number: (MAX 9 characters)	2
Vendor Tax ID Number: (MUST match ID on Substitute Form W-9 and JAC Contract)		Case Number:	3
Defendant's Attorney Name:		IFC <input type="checkbox"/> Pro Se <input type="checkbox"/> Cap. Coll. <input type="checkbox"/>	Select County... County and Circuit
Florida Bar Number:		Defendant/Client Name:	
<b style="font-size: 2em; color: red;">4</b> State entity: All State Agencies (State Agencies or other entities processing bills through the FLAIR system), per DFS requirements, should be paid through Journal Transfer.		Total Invoice Amount: <span style="float: right;">0.00</span> (automatically calculated as form is completed)	

Services Provided:	Service Date: <input type="text"/>	Format: MM/DD/YYYY
<input type="checkbox"/> Copies	Unit Quantity: <input type="text"/>	Unit Rate \$ <input type="text"/> Subtotal: <span style="font-size: 2em; color: red;">5</span> 0.00
<input type="checkbox"/> Other Specify: <input type="text"/>	Unit Quantity: <input type="text"/>	Unit Rate \$ <input type="text"/> Subtotal: 0.00
<input type="checkbox"/> Other Specify: <input type="text"/>	Unit Quantity: <input type="text"/>	Unit Rate \$ <input type="text"/> Subtotal: 0.00
<input type="checkbox"/> Other Specify: <input type="text"/>	Unit Quantity: <input type="text"/>	Unit Rate \$ <input type="text"/> Subtotal: 0.00
<input type="checkbox"/> Other Specify: <input type="text"/>	Unit Quantity: <input type="text"/>	Unit Rate \$ <input type="text"/> Subtotal: 0.00
<input type="checkbox"/> Other Specify: <input type="text"/>	Unit Quantity: <input type="text"/>	Unit Rate \$ <input type="text"/> Subtotal: 0.00
<input type="checkbox"/> Other Specify: <input type="text"/>	Unit Quantity: <input type="text"/>	Unit Rate \$ <input type="text"/> Subtotal: 0.00
<b>TRAVEL EXPENSES / MILEAGE</b> A properly completed <a href="#">DFS Travel Voucher</a> 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 <a href="#">DOT Mileage Calculator</a> MUST BE USED when cities are listed therein. If not listed, other documentation may be used.		Subtotal: <span style="font-size: 2em; color: red;">6</span>

<<<Attach Invoice and Receipt for Service.>>>

<b>Vendor Certification</b> <span style="font-size: 2em; color: red; float: right;">7</span>  Under penalty of perjury, I certify that I have read the foregoing (Copies and Other 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.	<b>Certification of Receipt of Services</b> <span style="font-size: 2em; color: red; float: right;">8</span>  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   <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Vendor Signature (Blue Ink) _____ Date _____ <small>Format: MM/DD/YYYY</small>	Attorney/Pro Se Defendant Signature (Blue Ink) _____ Date _____ <small>Format: MM/DD/YYYY</small>	JAC Date Stamp
Vendor Printed Name _____ Phone Number _____	Printed Name / Florida Bar Number _____	

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, or company 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 unless you are a State Agency (State Agencies or other entities processing bills through the FLAIR system, please refer to Section 4). 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.
- 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.

- State entity – Check box, if applicable. Enter 21 digit FLAIR code, 6 digit Benefiting Object code, and 6 digit Benefiting Category. All State Agencies (State Agencies or other entities processing bills through the FLAIR system), per DFS requirements, should be paid through Journal Transfer.

## Section 5.

- Services Provided – Check the appropriate box(es) for type(s) of service. When billing for copies, check appropriate box and indicate the Unit Quantity and Unit Rate. When billing for Other, check the appropriate box and fill in specific service along with the Unit Quantity and Unit Rate. Subtotals will automatically calculate as form is completed.

NOTE: For services other than copies at the Unit Rate, attach a detailed invoice.

- Service Date – (MM/DD/YYYY). If service was provided over multiple dates, use the last date in which service was provided.

## Section 6.

- 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 7.

- 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, or company name.
- Phone Number – Provide phone number where vendor can be reached.

## Section 8.

- Certification of Receipt of Services – By signing this document, the attorney/Pro Se defendant is certifying that services were received and satisfactorily performed.
  - 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.**

# JAC Invoice - Court Reporter Services/Video Services

REP-081919

<b>Vendor Name:</b> (as listed on Substitute Form W-9 and JAC Contract)		<b>Invoice Number:</b> (MAX 9 characters)	
<b>Vendor Federal Employer Identification Number:</b> (MUST match ID on Substitute Form W-9 and JAC Contract)		<b>Case Number:</b>	
<b>Defendant's Attorney Name:</b>	IFC <input type="checkbox"/> Pro Se <input type="checkbox"/> Cap. Coll. <input type="checkbox"/>	<b>County and Circuit:</b> Select County...	
<b>Florida Bar Number:</b>	Cap. Coll. <input type="checkbox"/>	<b>Defendant/Client Name:</b>	
<b>Court Reporter Name:</b>		<b>Total Invoice Amount:</b> (automatically calculated as form is completed) \$ 0.00	

<b>ATTENDANCE INFORMATION</b> Attendance at court hearings are paid by Court Administration.		Please check if applicable <input type="checkbox"/> Video (must be supported by court order unless it is a minor witness - under 18) <input type="checkbox"/> Minor (under 18)			<input type="checkbox"/> Listening fee for recorded statements (Provide detailed statement if billing for more than 1 day.)	
<b>Attendance Date:</b> Date Format MM/DD/YYYY	<b>Start Time:</b> Time format example 1:30 PM	<b>End Time:</b>	<b>Additional Hours</b> (in tenths)	<b>X Rate \$</b>	<b>1st Hour/Minimum Fee \$</b>	<b>Subtotal: 0.00</b>

<b>Deponent(s)/Name(s) of Witness(es):</b> (if additional names, please attach list)	
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<b>TRANSCRIPT INFORMATION</b> 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.		Please check if applicable <input type="checkbox"/> Deposition/Transcript <input type="checkbox"/> Hearing <input type="checkbox"/> Appellate <input type="checkbox"/> Recording/Other		
<b>Order Date:</b> Date Format MM/DD/YYYY	<input type="checkbox"/> Expedited, (must be supported by court order indicating either 5 day or 1 day expedited rate.)	<b>Original: #Pages</b>	<b>\$ per Page</b>	<b>Subtotal: 0.00</b>
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.		<b>Copy: #Pages</b>	<b>\$ per Page</b>	<b>Subtotal: 0.00</b>
The copy rate represents additional copies beyond original copies as provided by Florida law.				

<b>TRAVEL EXPENSES / MILEAGE</b> A properly completed <a href="#">DFS Travel Voucher</a> 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 <a href="#">DOT Mileage Calculator</a> 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.	<b>Subtotal:</b>
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<b>OTHER REIMBURSEMENT EXPENSES</b> 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)	<b>Subtotal:</b>
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<b>Vendor Certification</b>  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.	<b>Certification of Receipt of Services</b>  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.	<b>JAC DOC STAMP</b>  <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
_____ Vendor Signature (Blue Ink)                      Date	_____ Attorney OR Pro Se Defendant Signature                      Date OR Clerk of Court/Public Defender Designee for Appellate Transcripts (Blue Ink)	JAC Date Stamp
_____ Vendor Printed Name                      Phone Number	_____ Printed Name / Florida Bar Number	

**BILL WILL BE RETURNED IF NOT SIGNED.**

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

<b>JAC APPROVAL</b>
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<b>AUDIT NOTES</b>
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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: Additional Hours X Rate \$ /hour Subtotal:

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

**Please check if applicable**

Video (must be supported by court order unless it is a minor witness - under 18)  Listening fee for recorded statements (Provide detailed statement if billing for more than 1 day.)

Minor (under 18)  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. Specify Other:

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

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.

# JAC Invoice - Expert Witness/Other Professional Services

EXP-081919

<b>Vendor Name:</b> (as listed on Substitute Form W-9 and JAC Contract)		<b>Invoice Number:</b> (MAX 9 characters)	
<b>Vendor Federal Employer Identification Number:</b> (MUST match ID on Substitute Form W-9 and JAC Contract)		<b>Case Number:</b>	
<b>Defendant's Attorney Name:</b>	IFC <input type="checkbox"/>	<b>County and Circuit:</b> Select County...	
<b>Florida Bar Number:</b>	Pro Se <input type="checkbox"/> Cap. Coll. <input type="checkbox"/>	<b>Defendant/Client Name:</b>	
<b>Provider Name:</b> (if different from Vendor Name)		<b>Total Invoice Amount:</b> <span style="float: right;">\$ 0.00</span> (automatically calculated as form is completed)	

**VENDOR INFORMATION:**  
 Hourly Services     Flat Fee Services    Select Expert Type... Specify Other 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 <b>Instructions</b> as well as the JAC Policies and Procedures for hourly billing requirements.  <b>MUST</b> attach detailed hourly statement listing dates and times.  <b>BILLING MUST BE IN HOURS AND TENTHS.</b>	Select Rate Category...	Hours: (in tenths)	Hourly Rate \$	Subtotal: 0.00
	Select Rate Category...	Hours: (in tenths)	Hourly Rate \$	Subtotal: 0.00
	Select Rate Category...	Hours: (in tenths)	Hourly Rate \$	Subtotal: 0.00
	Select Rate Category...	Hours: (in tenths)	Hourly Rate \$	Subtotal: 0.00
	Select Rate Category...	Hours: (in tenths)	Hourly Rate \$	Subtotal: 0.00

**Flat Fee/Testing/Per Unit Services:**      Select Type of Service... Specify Service

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

	Unit:	Rate \$	Subtotal: 0.00
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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:

**OTHER REIMBURSEMENT EXPENSES**      Specify Other:

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)

Subtotal:

<p style="text-align: center;"><b>Vendor Certification</b></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)      Date</p> <p>_____ Vendor Printed Name      Phone Number</p>	<p style="text-align: center;"><b>Certification of Receipt of Services</b></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)      Date</p> <p>_____ Printed Name / Florida Bar Number</p>	<p style="text-align: center;">JAC DOC STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">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.

JAC APPROVAL

AUDIT NOTES

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>	Total Invoice Amount: <small>(automatically calculated as form is completed)</small>

**VENDOR INFORMATION:**

Hourly Services   
  Flat Fee Services   
 4

Select Expert Type...  :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>
Select Rate Category...	Hours: <small>(in tenths)</small>	Hourly Rate \$	Subtotal:
Select Rate Category...	Hours: <small>(in tenths)</small>	Hourly Rate \$	Subtotal:
Select Rate Category...	Hours: <small>(in tenths)</small>	Hourly Rate \$	Subtotal:
Select Rate Category...	Hours: <small>(in tenths)</small>	Hourly Rate \$	Subtotal:

**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

Unit:	Rate \$	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.**

# INSTRUCTIONS

EXP-0612

## 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.

# JAC Invoice - Interpreter/Translator Services

INT-081919

Vendor Name: <small>(as listed on Substitute Form W-9 and JAC Contract)</small>		Invoice Number: <small>(MAX 9 characters)</small>	
Vendor Federal Employer Identification Number: <small>(MUST match ID on Substitute Form W-9 and JAC Contract)</small>		Case Number:	
Defendant's Attorney Name:	IFC <input type="checkbox"/>	County and Circuit: Select County...	
Florida Bar Number:	Pro Se <input type="checkbox"/> Cap. Coll. <input type="checkbox"/>	Defendant/Client Name:	
Provider Name:		<b>Total Invoice Amount:</b> <span style="float: right;"><b>\$ 0.00</b></span> <small>(automatically calculated as form is completed)</small>	

**INTERPRETER/TRANSLATOR INFORMATION: Court Order Required. MUST** attach court order authorizing services.

<b>Interpreter</b>	<b>Translator</b>	<b>Certification</b>	<b>Language</b> Select a Language...
<input type="radio"/> For Deposition	<input type="radio"/> Translate/Transcribe Audio/Video/Other Recording	<input type="radio"/> State Certified	<b>Specify Other Language</b>
<input type="radio"/> For Interview/Statements	<input type="radio"/> Translate/Transcribe Written Documents or Materials	<input type="radio"/> Court Certified	
<input type="radio"/> For Other	<input type="radio"/> Translate/Transcribe Other	<input type="radio"/> Other Specify:	

**INTERPRETER/TRANSLATOR RATE**  
 Charges for Interpreter/Translator Services provided during court proceedings are not to be billed to the JAC. Please see the Invoice **Instructions** as well as the JAC Policies and Procedures for hourly billing requirements.

Service Date:	Date Format MM/DD/YYYY Time format 1:30 PM	Hours: (in tenths)	Hourly Rate:	Subtotal: 0.00
Start Time:	End Time:			

**MUST attach detailed hourly statement listing dates and times if billing for multiple dates.**

<b>TRAVEL EXPENSES / MILEAGE</b> A properly completed <a href="#">DFS Travel Voucher</a> 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 <a href="#">DOT Mileage Calculator</a> MUST BE USED when cities are listed therein. If not listed, other documentation may be used.	Subtotal:
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<b>OTHER REIMBURSEMENT EXPENSES</b> As permitted under JAC Policies and Procedures or pursuant to court order. (invoice/receipt, proof of payment, and court order if applicable, <b>MUST BE ATTACHED</b> )	Subtotal:
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<p style="text-align: center;"><b>Vendor Certification</b></p> <p>Under penalty of perjury, I certify that I have read the foregoing (Interpreter/Translator 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> <hr/> Vendor Signature ( <b>Blue Ink</b> ) <span style="float: right;">Date</span>	<p style="text-align: center;"><b>Certification of Receipt of Services</b></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> <hr/> Attorney/Pro Se Defendant Signature <span style="float: right;">Date</span> ( <b>Blue Ink</b> )	<p style="text-align: center;"><u>JAC DOC STAMP</u></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Vendor Printed Name <span style="float: right;">Phone Number</span>	Printed Name / Florida Bar Number	JAC Date Stamp

**BILL WILL BE RETURNED IF NOT SIGNED.**  
 IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.

<u>JAC APPROVAL</u>	<u>AUDIT NOTES</u>
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Vendor Name: <span style="font-size: 2em; color: red; float: right;">1</span> <small>(as listed on Substitute Form W-9 and JAC Contract)</small>	Invoice Number: <span style="font-size: 2em; color: red; float: right;">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; float: right;">3</span> <input type="text"/> County and Circuit
Florida Bar Number:	Defendant/Client Name:
Provider Name: <small>(if different from Vendor Name)</small>	<b>Total Invoice Amount:</b> <small>(automatically calculated as form is completed)</small>

**INTERPRETER/TRANSLATOR INFORMATION: Court Order Required. MUST attach court order authorizing services.** 4

<b>Interpreter</b> <input type="button" value="Reset"/>	<b>Translator</b> <input type="button" value="Reset"/>	<b>Certification</b> <input type="button" value="Reset"/>
<input type="radio"/> For Deposition	<input type="radio"/> Translate/Transcribe Audio/Video/Other Recording	<input type="radio"/> State Certified
<input type="radio"/> For Interview/Statements	<input type="radio"/> Translate/Transcribe Written Documents or Materials	<input type="radio"/> Court Certified
<input type="radio"/> For Other	<input type="radio"/> Translate/Transcribe Other	<input type="radio"/> Other

4

**Language**

**INTERPRETER/TRANSLATOR RATE**  
 Charges for Interpreter/Translator Services provided during court proceedings are not to be billed to the JAC. Please see the Invoice **Instructions** as well as the JAC Policies and Procedures for hourly billing requirements.

Service Date:	Date Format MM/DD/YYYY Time format 1:30 PM	Hours: <input type="text"/> <small>(in tenths)</small>	Hourly Rate: <input type="text"/>	Subtotal: <span style="font-size: 2em; color: red;">5</span>
Start Time: <input type="text"/>	End Time: <input type="text"/>			

**MUST attach detailed hourly statement listing dates and times if billing for multiple dates.**

**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: 6

**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: 7

<p style="text-align: center;"><b>Vendor Certification</b> <span style="font-size: 2em; color: red; float: right;">8</span></p> <p>Under penalty of perjury, I certify that I have read the foregoing (Interpreter/Translator 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">                 Vendor Signature (Blue Ink) _____  <input style="width: 100%; height: 20px;" type="text"/> </div> <div style="width: 30%;">                 Date _____             </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">                 Vendor Printed Name _____  <input style="width: 100%; height: 20px;" type="text"/> </div> <div style="width: 30%;">                 Phone Number _____  <input style="width: 100%; height: 20px;" type="text"/> </div> </div>	<p style="text-align: center;"><b>Certification of Receipt of Services</b> <span style="font-size: 2em; color: red; float: right;">9</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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">                 Attorney/Pro Se Defendant Signature (Blue Ink) _____  <input style="width: 100%; height: 20px;" type="text"/> </div> <div style="width: 30%;">                 Date _____             </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">                 Printed Name / Florida Bar Number _____  <input style="width: 100%; height: 20px;" type="text"/> </div> </div>	<p style="text-align: center;">JAC DOC STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="writing-mode: vertical-rl; transform: rotate(180deg); position: absolute; left: -40px; top: 50%; font-size: 0.8em;">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.**

# INSTRUCTIONS

INT-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 Interpreter/Translator 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.
- 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 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.

- Interpreter/Translator Information – Select a Service Type under either Interpreter or Translator.
- Check the appropriate certification type to reflect current certification.
- Select a language from the drop down list.

## Section 5.

- Service Date – Provide the date of service. Date format: MM/DD/YYYY
- Start Time and End Time – Enter the time of service. Time format: 1:30 PM.
- Hours (in tenths) – Enter hours (in tenths). All hourly billings must be accompanied by a detailed invoice if billing for multiple dates.
- Hourly Rate – Enter the hourly rate.
- Subtotal is automatically calculated.

## Section 6.

- 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 7.

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

## Section 8.

- 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, or company name.
- Phone Number – Provide phone number where vendor can be reached.

## Section 9.

- Certification of Receipt of Services – By signing this document, the attorney/Pro Se defendant is certifying that services were received and satisfactorily performed.
- 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.**



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

INV-081919

<b>Vendor Name:</b> <small>(as listed on Substitute Form W-9 and JAC Contract)</small>		<b>Invoice Number:</b> <small>(MAX 9 characters)</small>		
<b>Vendor Federal Employer Identification Number:</b> <small>(MUST match ID on Substitute Form W-9 and JAC Contract)</small>	IFC <input type="checkbox"/> Pro Se <input type="checkbox"/>	<b>Case Number:</b>		
<b>Defendant's Attorney Name:</b>		<b>County and Circuit:</b> Select County...		
<b>Florida Bar Number:</b>		<b>Defendant/Client Name:</b>		
<b>Provider Name:</b> <small>(if different from Vendor Name)</small>		<b>Total Invoice Amount:</b> \$ 0.00 <small>(automatically calculated as form is completed)</small>		
<b>UNITS OF SERVICE BILLED:</b> <small>Please see the Instructions as well as JAC Policies and Procedures for hourly billing requirements.</small>  <b>MUST</b> attach detailed hourly statement listing dates and times.	<b>VENDOR INFORMATION:</b> <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
	License:	Hours (in tenths):	Hourly Rate:	Subtotal: 0.00
	License:	Hours (in tenths):	Hourly Rate:	Subtotal: 0.00
	License:	Hours (in tenths):	Hourly Rate:	Subtotal: 0.00
	License:	Hours (in tenths):	Hourly Rate:	Subtotal: 0.00
<b>SUBPOENA SERVICE INFORMATION:</b> <b>MUST ATTACH</b> a copy of the return of service for each person served.		Number Served:	Cost per Subpoena:	Subtotal: 0.00
<b>Name and Date of Individual(s) Served:</b> 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:	
<b>TRAVEL EXPENSES / MILEAGE:</b> A properly completed <a href="#">DFS Travel Voucher</a> 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 <a href="#">DOT Mileage Calculator</a> MUST BE USED when cities are listed therein. If not listed, other documentation may be used. <b>(Not applicable to Service of Process)</b>			Subtotal:	
<b>OTHER REIMBURSEMENT EXPENSES</b> As permitted under JAC Policies and Procedures or pursuant to court order. Specify Other: _____ <small>(invoice/receipt, proof of payment, and court order if applicable, MUST BE ATTACHED)</small>			Subtotal:	
<b>Vendor Certification</b>  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.	<b>Certification of Receipt of Services</b>  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	
Vendor Signature (Blue Ink) _____ Date _____  Vendor Printed Name _____	Attorney/Pro Se Defendant Signature (Blue Ink) _____ Date _____  Printed Name / Florida Bar Number _____		JAC Date Stamp	
<b>BILL WILL BE RETURNED IF NOT SIGNED.</b> <b>IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.</b>				
JAC APPROVAL		AUDIT NOTES		

# 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>		
<b>UNITS OF SERVICE BILLED:</b> Please see the Instructions as well as JAC Policies and Procedures for hourly billing requirements.  MUST attach detailed hourly statement listing dates and times.	<b>VENDOR INFORMATION:</b> <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
	License:	Hours (in tenths):	Hourly Rate:	Subtotal: 0.00
	License:	Hours (in tenths):	Hourly Rate:	Subtotal: 0.00
	License:	Hours (in tenths):	Hourly Rate:	Subtotal: 0.00
	License:	Hours (in tenths):	Hourly Rate:	Subtotal: 0.00
	License:	Hours (in tenths):	Hourly Rate:	Subtotal: 0.00
<b>SUBPOENA SERVICE INFORMATION:</b> 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
<b>Name and Date of Individual(s) Served:</b> 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:	
<b>TRAVEL EXPENSES / MILEAGE:</b> A properly completed <a href="#">DFS Travel Voucher</a> 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 <a href="#">DOT Mileage Calculator</a> MUST BE USED when cities are listed therein. If not listed, other documentation may be used. <b>(Not applicable to Service of Process)</b>			Subtotal: <div style="text-align: right; font-size: 2em; color: red; font-weight: bold;">7</div>	
<b>OTHER REIMBURSEMENT EXPENSES</b> 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:	
<b>Vendor Certification</b>  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.	<b>Certification of Receipt of Services</b>  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    <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">JAC Date Stamp</div>		
Vendor Signature (Blue Ink) _____ Date _____  Vendor Printed Name _____  Vendor License Number _____ Phone Number _____	Attorney/Pro Se Defendant Signature (Blue Ink) _____ Date _____  Printed Name / Florida Bar 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.**

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

Defendant's Attorney Name:	IFC <input type="checkbox"/>	Pro Se <input type="checkbox"/>	Case Number:	
Florida Bar Number:			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
<b>Social Security Number:</b>			<b>Total Invoice Amount:</b> \$ 0.00 <small>(automatically calculated as form is completed)</small>	
<b>ORDINARY WITNESS – CIVIL OR CRIMINAL (Pursuant to s. 92.142, F.S.).</b> 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
<b>ORDINARY WITNESS – CRIMINAL:</b> 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.	
<b>OFFICIAL WITNESS/LAW ENFORCEMENT (Pursuant to s. 92.141, F.S.).</b> 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:

  

<p style="text-align: center;"><b>Attorney/Pro Se Defendant Certification</b></p> <p>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.</p> <hr/> <p>Attorney/Pro Se Defendant Signature (<b>Blue Ink Only</b>) <span style="float: right;">Date MM/DD/YYYY</span></p> <hr/> <p>Attorney/Pro Se Defendant Printed Name / Florida Bar Number</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>ORIGINAL SIGNATURE REQUIRED</b>  <b>JAC WILL NOT ACCEPT COPIES</b>  <b>OR FACSIMILES OF THIS FORM</b> </div>	<p style="text-align: center;"><u>JAC DOC STAMP</u></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">JAC Date Stamp</p>
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<u>JAC APPROVAL</u>	<u>AUDIT NOTES</u>

# 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>	
<b>ORDINARY WITNESS – CIVIL OR CRIMINAL (Pursuant to s. 92.142, F.S.).</b> 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
<b>ORDINARY WITNESS – CRIMINAL:</b> 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:
<b>OFFICIAL WITNESS/LAW ENFORCEMENT (Pursuant to s. 92.141, F.S.).</b> 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.**