

Attorney Reimbursement of Due Process Costs Voucher Cover INSTRUCTIONS

| | |
|------------------------------------|------------------------------|
| Court-Appointed Attorney _____ (1) | Florida Bar Number _____ (2) |
| Firm Name _____ (3) | Tax ID Number _____ (4) |
| Remittance Address _____ (5) | Case Number _____ (6) |
| _____ | Case Caption _____ (7) |
| County & Circuit _____ (8) | |
| Name of Provider _____ (9) | |
| Provider Invoice Number _____ (10) | |

| | |
|-----------------------------|---------|
| Total Invoice Amount | \$ (11) |
|-----------------------------|---------|

(12) Due Process Type: Court Reporter Expert Witness Medical Testing Travel
 *(One per Item) Investigator Process Server Other _____

PROVIDER INVOICE SUMMARY: (13)

| | | |
|--------------------------------------|-----------------------------------|-----------------------------------|
| A. Units of Service Billed | | Date(s) ____/____/____ |
| <input type="checkbox"/> Per Hour | <input type="checkbox"/> Per Page | <input type="checkbox"/> Per Diem |
| <input type="checkbox"/> Other _____ | | |

| | | | | |
|---------------|---|-----------|---|----------------|
| Unit Quantity | X | Unit Rate | = | Total Invoiced |
| | | | | \$ |

-----Provider Invoice and Proof of Payment must be attached.-----

(14) Attorney Certification

I certify the due process costs for services reflected on this invoice are accurately reported herein, were satisfactorily performed or received, were necessary for the performance of my duties in the above referenced case number, all of the due process vendors have been fully paid for all amounts included in this invoice, transactions were in accordance with the 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 of this invoice is appropriate.

| | |
|---|------------|
| (15) _____ | (16) _____ |
| Court-Appointed Attorney Signature (Blue Ink) | Date |

(17) _____

Court-Appointed Attorney Printed Name

(18) _____

Bar Number

(19) _____

Phone Number

JAC Date Stamp

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

Attorney Reimbursement of Due Process Costs Voucher Cover INSTRUCTIONS

1. Name of Court-Appointed Attorney – Use first name, middle initial and last name.
2. Florida Bar Number – Supply bar number of the Court-Appointed Attorney assigned to the case.
3. Firm Name
4. Tax Identification Number - Supply tax identification number of Attorney or Firm. If you do not have a tax identification number, please enter your social security number. **NOTE:** Payment cannot be processed without this information.
5. Remittance Address - Enter mailing address where payment is to be received.
6. Case Number - Provide court issued case number.
7. Case Caption – Give style of the case, i.e., “State of Florida vs. John Brown” or “In the Interest of J.B.” in Dependency cases using only the first and last initials.
8. County & Circuit – Provide both the county and circuit of court.
9. Name of Provider – Use first name, middle initial and last name or company name.
10. Provider Invoice Number – Invoice tracking number generated by due process vendor.
11. Total Invoice Amount - Provide the total amount billed for this invoice.
12. Due Process Type – Check the appropriate box.
13. Invoice Information – Provide the invoice date. Check the appropriate box stating how service is billed. Enter the unit quantity, unit rate, and the total dollar amount billed.
14. Attorney Certification Paragraph – Signing this document affirms understanding of and agreement to this.
15. Court-Appointed Attorney Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
16. Date – Include date.
17. Court-Appointed Attorney Printed Name - Use first name, middle initial and last name.
18. Bar Number – Provide bar number of Court-Appointed Attorney.
19. Phone Number – Provide phone number where attorney can be reached.

IMPORTANT: Reimbursement of due process costs can only be submitted at the conclusion of the case along with the Intended Billing for Attorney Fees.

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