

## Court-Appointed Attorney - In-State Court Reporter Attendance Invoice/Voucher Cover for Service Provided On or After July 1, 2010

Name of Court Reporter _____ (1)	Invoice Number _____ (6)
Firm Name _____ (2)	Case Number _____ (7)
Vendor Tax ID Number _____ (3)	Case Caption _____ (8)
Court-Appointed Attorney _____ (4)	County & Circuit _____ (9)
Florida Bar Number _____ (5)	(10) <input type="checkbox"/> <b>Check if transcript has been ordered.*</b>

**Total Invoice Amount** \$ \_\_\_\_\_ (11)

\* The amount of appearance fees will be deducted from any bill for transcripts if the transcript was ordered at the time of deposition or within 30 days of date of deposition.

(12) **Deposition Information:**

	Service Date	End Time
	Start Time	
1 <sup>st</sup> Hour @ \$50.00/hour	Units X 1	Subtotal \$50.00
Each Hour Thereafter @ \$25.00/hour	Units	Subtotal \$ _____
		<b>Total</b> \$ _____

Number of Witnesses Deposed \_\_\_\_\_

Name of Witness(s) (if additional space is needed, please attach a page): \_\_\_\_\_

(13) **Order Information:**

Transcript       Expedited      Reason expedited: \_\_\_\_\_

**Court Reporter Certification**

I certify that I was authorized to attend the deposition; that the amounts reflected on the invoice are true and accurate charges; and that the work in connection herewith was actually performed.

\_\_\_\_\_ (14) \_\_\_\_\_ (15)

Court Reporter Signature (Blue Ink)      Date

\_\_\_\_\_ (16)

Court Reporter Printed Name

\_\_\_\_\_ (17)

Phone Number \_\_\_\_\_

(18) **Attendance Certification**

I hereby certify that the services provided by the above named court reporting firm were necessary and useful in the representation of the above named defendant who is indigent. I further certify that the reported time, rate, and names of witnesses are true and accurate.

\_\_\_\_\_ (19) \_\_\_\_\_ (20)

Court-Appointed Attorney OR      Date

Ordering Attorney Signature (Blue Ink)

\_\_\_\_\_ (21)

Attorney Printed Name

\_\_\_\_\_ (22)

Bar Number

\_\_\_\_\_ (23)

Phone Number

JAC Date Stamp

**IMPORTANT:** Original Signatures required, JAC will not accept copies or facsimiles of this form. Attendances at court hearings are paid by Court Administration.

**NOTE:** Upon a finding by a court that a transcription is necessary, JAC will pay for original and up to 1 copy for all transcripts except appeal transcripts, where original and up to 2 copies are allowed.

1. Name of Court Reporter – Use first name, middle initial and last name.
2. Firm Name
3. Vendor Tax Identification Number - Supply tax identification number of Court Reporter 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.
4. Court-Appointed Attorney – Use first name, middle initial and last name.
5. Florida Bar Number – Supply bar number of the Court-Appointed Attorney assigned to the case.
6. Invoice Number - Invoice tracking number generated by reporting firm.
7. Case Number - Provide court issued case number for which the transcription was ordered. If a deposition is utilized in multiple cases for the same defendant, enter the lowest of the case numbers.
8. 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.
9. County & Circuit – Provide both the county and circuit of court.
10. Check the box if a transcript has been ordered. **NOTE:** The amount of appearance fees will be deducted from any bill for transcripts if the transcript was ordered at the time of deposition or within 30 days of date of deposition.
11. Total Invoice Amount - Provide the total amount billed for this invoice.
12. Deposition Information – Enter the date of the service along with the start and end times. The first hour is calculated for you. Calculate the number of units after the first hour at the rate of \$25.00/hour. Provide the total. Provide the number of witnesses deposed, and the name of each (if additional space is needed, please attach a page).
13. Transcript Information – Check the appropriate box(s). If expedited, state reason for expedition. Court Reporter Certification Paragraphs – Signing this document affirms understanding of and agreement to this statement.
14. Court Reporter Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original and must be signed by the individual who took the transcription.
15. Date – Include date certifying invoice.
16. Court Reporter Printed Name - Use first name, middle initial and last name.
17. Phone Number – Provide phone number where Court Reporter can be reached.
18. Attendance Certification Paragraph – Signing this document affirms understanding of and agreement to this.
19. Court-Appointed Attorney or Ordering Attorney Signature - Person present at deposition, Court-Appointed Attorney or Ordering Attorney, should sign, in blue ink, on the line provided.
20. Date – Include date certifying invoice.
21. Printed Name – Use attorney's first name, middle initial and last name.
22. Bar Number - Enter the Florida Bar Number of the attorney who certifies the attendance.
23. Phone Number – Provide phone number where attorney can be reached.

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