



1. Name of Interpreter – Use first name, middle initial and last name.
2. Firm Name
3. Vendor Tax Identification Number - Supply tax identification number of Interpreter 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 Interpreter was needed.
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. Total Invoice Amount - Provide the total amount billed for this invoice.
11. Invoice Information – Use either section A or section B. If you are using this form in lieu of an invoice, complete part A only. If you are using this form as a voucher cover only, complete part B only. Supply the Language being interpreted, including sign language.
  - A. Units of Service Billed – Provide the date of service. Check the appropriate certification box to reflect current certification. Check the appropriate box stating how service is billed. If billing hourly, check the Per Hour box and fill in the total invoiced amount. All hourly billings must be accompanied by a detailed invoice. For all billings other than hourly, enter the unit quantity, unit rate, and the total dollar amount billed. If you have additional costs, provide the total amount and a description of the costs. All Other Costs must be accompanied by a detail log. There is a Mileage Log at the end of the Interpreter Services Packet.
  - B. Invoice Attached - If you are using this document only as a voucher cover, not as an invoice, then check the "Attached Invoice" box and attach your invoice. The invoice must contain all of the information requested in part A. If you are using this document as both a voucher cover and invoice, then leave this box blank.
12. Certification Paragraph – Signing this document affirms understanding of and agreement to the statement.
13. Interpreter Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
14. Date – Include date certifying invoice.
15. Interpreter Printed Name - Use first name, middle initial and last name.
16. Phone Number – Provide phone number where Interpreter can be reached.
17. Attorney Certification Paragraph – Signing this document affirms understanding of and agreement to the statement.
18. Court-Appointed Attorney Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
19. Date - Include date certifying invoice.
20. Court-Appointed Attorney Printed Name - Use first name, middle initial and last name.
21. Bar Number – Provide bar number of Court-Appointed Attorney.
22. 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 payment requests.