

Court-Appointed Attorney - Mental Health Expert Certification Invoice/Voucher Cover

Name of Mental Health Expert _____
 Firm Name _____
 Vendor Tax ID Number _____
 Court-Appointed Attorney _____
 Florida Bar Number _____

Invoice Number _____
 Case Number _____
 Case Caption _____
 County & Circuit _____

Total Invoice Amount	\$ _____
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INVOICE INFORMATION:	Expert Type: _____								
<p>A. Units of Service Billed Service Date _____</p> <p><input type="checkbox"/> Flat Rate Flat Rate Amount \$</p> <p><input type="checkbox"/> Per Hour¹ <input type="checkbox"/> Other _____</p> <p>¹Experts billing hourly must attach a detailed invoice.</p> <p style="text-align: center;">Event Summary:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">In-Court</td> <td style="border: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td>Out-of-Court</td> <td style="border: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td>Costs & Expenses²</td> <td style="border: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td>Other</td> <td style="border: 1px solid black; text-align: center;">\$</td> </tr> </table> <p>²Must attach a travel voucher or other detailed Log of Charges.</p> <p style="text-align: center;">-OR-</p> <p>B. <input type="checkbox"/> Invoice Attached</p>		In-Court	\$	Out-of-Court	\$	Costs & Expenses ²	\$	Other	\$
In-Court	\$								
Out-of-Court	\$								
Costs & Expenses ²	\$								
Other	\$								

Mental Health Certification

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

 Mental Health Expert Signature (Blue Ink) Date

 Mental Health Expert Printed Name

 Phone Number

IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.
 Any copies produced for the benefit of the State Attorney should be billed to the State Attorney except under contract in Broward County.

Attorney Certification

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 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 is appropriate.

 Court-Appointed Attorney Signature (Blue Ink) Date

 Court-Appointed Attorney Printed Name

 Bar Number

 Phone Number

JAC Date Stamp