

Court-Appointed Attorney - Out-of-State Court Reporter Attendance Invoice/Voucher Cover

Name of Court Reporter _____	Invoice Number _____
Firm Name _____	Case Number _____
Vendor Tax ID Number _____	Case Caption _____
Court-Appointed Attorney _____	County & Circuit _____
Florida Bar Number _____	

Total Invoice Amount	\$
-----------------------------	--

Order Information: <input type="checkbox"/> Transcript <input type="checkbox"/> Expedited Reason expedited: _____ <input type="checkbox"/> CNA (Certification of Non-Attendance): Number X Rate = \$ (1 CNA) per Witness									
Deposition Information: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Per Diem Rate: <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day</td> <td style="width: 40%;">Service Date _____</td> </tr> <tr> <td>Hourly Rate: Start Time _____ : _____ End Time _____ : _____</td> <td>Rate </td> </tr> <tr> <td>Number of Witnesses Deposed </td> <td>Rate </td> </tr> <tr> <td colspan="2">Name of Witness(es) _____</td> </tr> </table>		Per Diem Rate: <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Service Date _____	Hourly Rate: Start Time _____ : _____ End Time _____ : _____	Rate 	Number of Witnesses Deposed 	Rate 	Name of Witness(es) _____	
Per Diem Rate: <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Service Date _____								
Hourly Rate: Start Time _____ : _____ End Time _____ : _____	Rate 								
Number of Witnesses Deposed 	Rate 								
Name of Witness(es) _____									

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.

 Court Reporter Signature (Blue Ink) Date

 Court Reporter Printed Name

 Phone Number

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.

 Court-Appointed Attorney OR
 Ordering Attorney Signature (Blue Ink) Date

 Attorney Printed Name

 Bar Number

 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: 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 unless restricted by Indigent Services Committee in the circuit in which you were appointed.