

## Court-Appointed Attorney - Process Server Certification Invoice/Voucher Cover

Name of Process Server \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Vendor Tax ID Number \_\_\_\_\_  
 Court-Appointed Attorney \_\_\_\_\_  
 Florida Bar Number \_\_\_\_\_

Invoice Number \_\_\_\_\_  
 Case Number \_\_\_\_\_  
 Case Caption \_\_\_\_\_  
 County & Circuit \_\_\_\_\_

<b>Total Invoice Amount</b>	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
-----------------------------	--

**INVOICE INFORMATION:**

<b>A. Subpoena Service Information</b>		Service Date _____
Number Served <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Cost per Subpoena <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	Total \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span>
Names of Individuals Served: _____		

**-OR-**

<b>B. <input type="checkbox"/> Invoice Attached</b>
---

**Process Server Certification**

I certify that I was authorized to perform all services applicable to this invoice; that the amounts reflected on the invoice are true and accurate charges; and that the work in connection herewith was actually performed.

\_\_\_\_\_  
 Process Server Signature (Blue Ink)                      Date

\_\_\_\_\_  
 Process Server Printed Name

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

**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

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