Court-Appointed Attorney
Certification and Request for Payment of Ordinary and Official Witnesses

Attorney Name _____ Date _____

Florida Bar Number _____ Case Number _____

Charge _____ County & Circuit _____

Defendant _____

Witness Name* _____ *One sheet per witness

Witness Address _____
Street City State Zip

If claiming mileage, must attach documentation supporting mileage.

Ordinary Witness – Civil or Criminal (Pursuant to s. 92.142, F.S.)					
Check the appropriate box(es):	# Miles	X	Rate	=	XXX.XX
☐ Ordinary Witness entitled to $5 per day witness fee (no Per Diem)				$	
☐ Mileage Date Travelled			0.06	$	
			TOTAL	$	
Ordinary Witness - Criminal (Travel outside of county of residence and more than 50 miles)(No per day witness fee)(Pursuant to s. 92.142, F.S.)					
☐ Mileage – driving private vehicle Date Travelled			0.445	$	
☐ Other Travel Expense and Per Diem Subject to s. 112.061, F.S., Attach State Travel Voucher				$	
			TOTAL	$	
Official Witness/Law Enforcement (Pursuant to s. 92.141, F.S.)					
☐ Appearing off-duty entitled to $5 per day witness fee – Law Enforcement Only				$	
☐ Other Travel Expense and Per Diem Subject to s. 112.061, F.S., Attach State Travel Voucher				$	
			TOTAL	$	

Attorney Certification

I certify that the costs and services reflected on this order form were satisfactorily performed, were necessary for the performance of my duties in the above referenced court appointed case, the amount due is accurate, transactions were in accordance with Justice Administrative Commission rules and regulations, 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

_____
Signature of Personnel Making Payment Document Reference Number

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