

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

Attorney Name \_\_\_\_\_ (1)  
 Florida Bar Number \_\_\_\_\_ (3)  
 Charge \_\_\_\_\_ (5)  
 Witness Name\* \_\_\_\_\_ (7)  
 Witness Address \_\_\_\_\_ (8)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (2)  
 Case Number \_\_\_\_\_ (4)  
 County & Circuit \_\_\_\_\_ (6)

\*One sheet per witness

<b>Ordinary Witness – Civil or Criminal</b> (9)					
Check the appropriate box(es):	# Miles	X	Rate	=	XXX.XX
<input type="checkbox"/> Ordinary Witness entitled to \$5 per day witness fee (no Per Diem)					\$
<input type="checkbox"/> Mileage                      Date Travelled _____			0.06		\$
			TOTAL		\$
<b>Ordinary Witness - Criminal</b> (Travel outside of county of residence and more than 50 miles)(No per day witness fee)					
<input type="checkbox"/> Mileage                      Date Travelled _____			0.445		\$
<input type="checkbox"/> Other Travel Expense and Per Diem Subject to s. 112.061, F.S., Attach State Travel Voucher					\$
			TOTAL		\$
<b>Official Witness/Law Enforcement</b> (10)					
<input type="checkbox"/> Appearing off-duty entitled to \$5 per day witness fee – Law Enforcement Only					\$
<input type="checkbox"/> Other Travel Expense and Per Diem Subject to s. 112.061, F.S., Attach State Travel Voucher					\$
			TOTAL		\$

### (11) 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
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**IMPORTANT:** Original Signatures required, JAC will not accept copies or facsimiles of this form.

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

1. Attorney Name – Use first name, middle initial and last name.
2. Date – Include date of order.
3. Florida Bar Number – Supply bar number of the Court-Appointed Attorney assigned to the case.
4. Case Number - Provide court issued case number.
5. Charge or Nature of Proceeding – Please enter one of the following:

<u>Civil</u>	<u>Criminal Conflict</u>	<u>Dependency</u>
Baker Act – Mental Health (394)	Capital Felony (Death Penalty) Trial – Lead Counsel	TPR (CH 39) – Termination of Parental Rights
CINS/FINS – Children and/or Families in Need of Services	Capital Felony (Death Penalty) Trial – Co-Counsel	Dependency Trial
Emancipation (743.015)	Death Penalty Appeal	Dependency Shelter Hearing
Guardianship (744)	Life Felony	Dependency Disposition/Adjudication
Emergency Temporary Guardianship	Felony 1 <sup>st</sup> Degree, 2 <sup>nd</sup> Degree, or 3 <sup>rd</sup> Degree	Dependency Review Hearing
Jimmy Ryce Trial – Sexual Predator	Felony Appeal	Dependency Appeal
Jimmy Ryce Appeal	Misdemeanor	
TPR (CH 63) – Step-Parent Adoption	Misdemeanor Appeal	
Marchman Act – Substance Abuse (397)	Delinquency Trial	
Tuberculosis (392)	Delinquency Appeal	
Developmentally Disabled Adult (393)	Violation of Probation	
Adult Protective Services (415)	Rule 3.850	
Sexually Transmitted Disease (384)		

6. County & Circuit – Provide both the county and circuit of court.
7. Witness Name – Use first name, middle initial and last name.
8. Witness Address – Enter mailing address where payment is to be received.
9. Ordinary Witness – Check the appropriate boxes and provide dollar totals. **NOTE:** If claiming mileage, must attach supporting documentation.
10. Official Witness - Check the appropriate boxes and provide dollar totals. **NOTE:** If claiming mileage, must attach DFS state travel voucher.
11. Attorney Certification Paragraph – Signing this document affirms understanding of and agreement to this.
12. Court-Appointed Attorney Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
13. Date – Include date.
14. Court-Appointed Attorney Printed Name - Use first name, middle initial and last name.
15. Bar Number – Provide bar number of Court-Appointed Attorney.
16. Phone Number – Provide phone number where attorney can be reached.
17. Signature of Personnel Making Payment – Do not write in this box. For JAC use only.