

1. Name of Provider – Use first name, middle initial and last name.
2. Invoice Number – Invoice tracking number generated by provider.
3. tax identification number, please enter your social security number. **NOTE:** Payment cannot be processed without this information.
4. Case Number - Provide court issued case number.
5. Attorney Requesting Copies/Service – Use first name, middle initial and last name.
6. Case Caption – Give style of the case, i.e., “State of Florida vs. John Brown” or “In the Interest of J.B.” in Dependency cases using only the first and last initials.
7. Florida Bar Number – Supply bar number of the Court-Appointed Attorney assigned to the case.
8. County & Circuit – Provide both the county and circuit of court.
9. Total Invoice Amount - Provide the total amount billed for this invoice.
10. Services Provided – Check the appropriate box(s) for type of copy ordered along with the unit quantity, unit rate, and total.
NOTE: Invoice and Receipt for Service must be attached for processing of payment.
11. Provider Certification Paragraph – Signing this document affirms understanding of and agreement to this.
12. Provider Signature - Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
13. Date – Include date.
14. Provider Printed Name - Use first name, middle initial and last name.
15. Phone Number – Provide phone number where provider can be reached.
16. Attorney Certification Paragraph – Signing this document affirms understanding of and agreement to this.
17. Court-Appointed Attorney Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
18. Date – Include date.
19. Court-Appointed Attorney Printed Name - Use first name, middle initial and last name.
20. Bar Number – Provide court-appointed attorney’s bar number.
21. Phone Number – Provide phone number where attorney can be reached.