

**Indigent for Costs
Order Form for Copies and Other Services
Voucher Cover INSTRUCTIONS**

Name of Provider 1 _____
 Tax ID Number 3 _____
 Attorney Requesting Copies/Services 5 _____
 Florida Bar Number 7 _____

Invoice Number 2 _____
 Case Number 4 _____
 Case Caption 6 _____
 County & Circuit 8 _____

Total Invoice Amount \$ 9

10

Services Provided

Copies
 Certification Fees
 Court Filing Fees
 Other _____

Unit	Quantity	X	Unit Rate	=	Total
	<input type="text"/>		<input type="text"/>		\$ <input type="text"/>
	<input type="text"/>		<input type="text"/>		\$ <input type="text"/>
	<input type="text"/>		<input type="text"/>		\$ <input type="text"/>
	<input type="text"/>		<input type="text"/>		\$ <input type="text"/>
			TOTAL		\$ <input type="text"/>

-----Attach Invoice and Receipt for Service-----

11 **Provider Certification**

I certify that the amounts reflected on the invoice are true and accurate charges; and that the work in connection herewith was actually performed.

12 _____ 13 _____
 Provider Signature (Blue Ink) Date

14 _____
 Provider Printed Name

15 _____
 Phone Number

16 **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 payment is appropriate.

17 _____ 18 _____
 Attorney Signature (Blue Ink) Date

19 _____
 Attorney Printed Name

20 _____
 Bar Number

21 _____
 Phone Number

JAC Date Stamp

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

Indigent for Costs

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 - Supply tax identification number of Provider. If you do not have a 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 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. Attorney Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
18. Date – Include date.
19. Attorney Printed Name - Use first name, middle initial and last name.
20. Bar Number – Provide attorney’s bar number.
21. Phone Number – Provide phone number where attorney can be reached.