

**Privately Retained Attorney – Indigent for Costs  
In-State Court Reporter Transcription Certification  
Invoice/Voucher Cover for Service Provided On or After July 1, 2010**

Name of Court Reporter \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Tax ID Number \_\_\_\_\_  
 Attorney Name \_\_\_\_\_  
 Florida Bar Number \_\_\_\_\_  
 Attorney Ordering Transcript(s) \_\_\_\_\_  
 Date Transcript Ordered \_\_\_\_\_

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

Payment Type:  Pro Bono  Self Paid  3<sup>rd</sup> Party Paid

<b>Total Invoice Amount</b>	<b>\$</b>
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**INVOICE INFORMATION:**

**Transcript Information**       Deposition (Name of witness) \_\_\_\_\_  
 Trial     Other Hearings     Video    Date(s) \_\_\_\_\_

Original:	\$/Page		# Pages		Total	\$
Copy:	\$/Page		# Pages	# Copies	Total	\$
Other:	\$/Page		# Pages	# Copies	Total	\$

-OR-

B.  Invoice Attached

**In-State Court Reporter Certification**

I certify that I have / have not (circle one) billed or been paid appearance fees related to this transcript.

**Amount billed or paid \$** \_\_\_\_\_

If the transcript billed above is an original, I certify that to my knowledge an original has not been previously paid by JAC or another state entity.

I certify that I was authorized to prepare all transcripts 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.

Under penalties of perjury, I declare that I have read the foregoing In-State Court Reporter Transcription Certification and that the facts stated in it are true.

\_\_\_\_\_  
 Court Reporter Signature (Blue Ink)                      Date

\_\_\_\_\_  
 Court Reporter Printed Name

**Transcript Delivery Receipt**

I hereby certify that the services provided by the above named court reporting firm were necessary and useful in the representation of the above named defendant who is indigent. I have also read and agree with the number of pages and copies provided, as stated above.

\_\_\_\_\_  
 Attorney OR Designee Signature                      Date  
 OR Clerk of Court for Appeal Transcripts (Blue Ink)

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Bar Number

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

JAC Date Stamp

**IMPORTANT:** Original Signatures required, JAC will not accept copies or facsimiles of this form. Upon a finding by a court that a transcription is necessary, JAC will pay for original and up to 1 copy for all transcripts except appeal transcripts, where original and up to 2 copies are allowed.