

**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 1 _____
 Firm Name 2 _____
 Tax ID Number 3 _____
 Attorney Name 4 _____
 Florida Bar Number 5 _____
 Attorney Ordering Transcript(s) 6 _____

Invoice Number 7 _____
 Case Number 8 _____
 Case Caption 9 _____
 County & Circuit 10 _____
 Judge Name 11 _____

12 Date Transcript Ordered _____

13 Payment Type: Pro Bono Self Paid 3rd Party Paid

Total Invoice Amount	\$ <u>14</u>
-----------------------------	--------------

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

16 **In-State Court Reporter Certification**

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

18 _____ 19 _____
 Court Reporter Signature (Blue Ink) Date

20 _____
 Court Reporter Printed Name

21 _____
 Phone Number

22 **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.

23 _____ 24 _____
 IFC Attorney OR Designee Signature Date
 OR Clerk of Court for Appeal Transcripts (Blue Ink)

25 _____
 Printed Name

26 _____
 Bar Number

27 _____
 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.

1. Name of Court Reporter – Use first name, middle initial and last name.
2. Firm Name
3. Tax Identification Number - Supply tax identification number of Court Reporter or Firm. If you do not have a tax identification number, please enter your social security number. **NOTE:** Payment cannot be processed without this information.
4. Attorney – Use first name, middle initial and last name.
5. Florida Bar Number – Supply bar number of the IFC Attorney assigned to the case.
6. Attorney Ordering Transcript(s) – Insert name of attorney if other than Attorney for client who is indigent for costs. . Use first name, middle initial and last name.
7. Invoice Number – Invoice tracking number generated by reporting firm.
8. Case Number - Provide court issued case number for which the transcription was ordered. If a deposition is utilized in multiple cases for the same defendant, enter the lowest of the case numbers.
9. 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.
10. County & Circuit – Provide both the county and circuit of court.
11. Judge Name – Provide the name of the Judge presiding over the case.
12. Provide date transcript ordered.
13. Payment Type – Check the appropriate box.
14. Total Invoice Amount - Provide the total amount billed for this invoice.
15. Invoice Information – Use either section A or section B. If you are using this form in lieu of an invoice, complete part A only. If you are using this form as a voucher cover only, complete part B only.

- A. Transcript Information Boxes –** Check the appropriate type of activity. If deposition, provide the name of each deponent, using first name, middle initial and last name. Supply date(s) of deposition/hearing.
- Original - Enter the billing rate per page, the number of pages, and the total dollar amount.
 - Copy - Enter the billing rate per page, the number of pages, the number of transcript copies, and the total dollar amount.
 - Other (Exhibits/Attachments) - Enter the billing rate per page, the number of pages, the number of transcript copies, and the total dollar amount.

Example: John Smith, Attorney for client who is indigent for costs, requests the services of Example Court Reporting for record a deposition in State of Florida vs. Jane Doe. Mr. Smith subsequently orders, one original and 1 copy of the deposition/hearing transcript. The transcript is 65 pages in length and also includes 10 pages of exhibits. The Transcript Information Boxes would be filled out as follows: Original \$2.95 per page, Copy \$1.00 per page, and exhibits \$0.15 per page. The Transcript Information Boxes would be filled out as follows:

<input checked="" type="checkbox"/> Trial	<input type="checkbox"/> Other Hearings	<input type="checkbox"/> Video	<input type="checkbox"/> Deposition (Name of Witness) John Doe				
Date(s) 6/14/2010							
Original: \$/ Page	2.95	# Pages	65	Total	\$ 191.75		
Copy: \$/ Page	1.00	# Pages	65	# Copies	1	Total	\$ 65.00
Other: \$/ Page	0.15	# Pages	10	# Copies	1	Total	\$ 1.50

- B. Invoice Attached** - If you are using this document only as a voucher cover, not as an invoice, then check the "Invoice Attached" box and attach your invoice. The invoice must contain all of the information requested in part A. If you are using this document as both a voucher cover and invoice, then leave this box blank.
16. Certification Paragraphs– Signing this document affirms understanding of and agreement to this paragraph under penalty of perjury.
 17. Court Reporter certifies whether or not he or she has billed and/or has been paid appearance fees related to the transcript; that an original transcript has not been previously paid by JAC or another state entity; that he or she 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.
 18. Court Reporter Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original and must be signed by the individual who took the transcription.
 19. Date – Include date certifying invoice.
 20. Court Reporter Printed Name - Use first name, middle initial and last name.
 21. Phone Number – Provide phone number where court reporter can be reached.
 22. Transcript Delivery Receipt – Certifies the number of pages and copies received.
 23. The Attorney, or designee, should sign in blue ink.
 24. Date – Include the date of receipt.
 25. Print name of attorney or designee who received the transcripts.
 26. Print bar number of Attorney, or designee, if applicable.

27. Provide a phone number where Attorney, or designee, can be reached.

If Appeal Transcripts are delivered to the Clerk of Court, and not to the law firm, then the Clerk must certify.

All services are subject to audit and the Justice Administrative Commission reserves the right to offset an over-billing against subsequent payment requests.

Indigent for Costs