

**Privately Retained Attorney - Indigent for Costs  
Mental Health Expert Certification  
Invoice/Voucher Cover INSTRUCTIONS**

Name of Mental Health Expert 1 \_\_\_\_\_  
 Firm Name 2 \_\_\_\_\_  
 Vendor Tax ID Number 3 \_\_\_\_\_  
 IFC Attorney Name 4 \_\_\_\_\_  
 Florida Bar Number 5 \_\_\_\_\_

Invoice Number 6 \_\_\_\_\_  
 Case Number 7 \_\_\_\_\_  
 Case Caption 8 \_\_\_\_\_  
 County & Circuit 9 \_\_\_\_\_

<b>Total Invoice Amount</b>	\$ <u>10</u>
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**11 INVOICE INFORMATION:**

<b>A. Units of Service Billed</b>		Service Date
<input type="checkbox"/> Flat Rate	Flat Rate Amount	\$ _____
<input type="checkbox"/> Per Hour <sup>1</sup>	<input type="checkbox"/> Other _____	
<sup>1</sup> Experts billing hourly must attach a detailed invoice.		
<b>Event Summary:</b>		
In-Court		\$ _____
Out-of-Court		\$ _____
Costs & Expenses <sup>2</sup>		\$ _____
Other		\$ _____
<sup>2</sup> Must attach a travel voucher or other detailed Log of Charges.		

**-OR-**

<b>B. <input type="checkbox"/> Invoice Attached</b>
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**12 Mental Health Expert 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.

13 \_\_\_\_\_ 14 \_\_\_\_\_  
 Mental Health Expert Signature (Blue Ink) Date

15 \_\_\_\_\_  
 Mental Health Expert Printed Name

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

**17 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 that under the terms of my Agreement with the Justice Administrative Commission payment is appropriate.

18 \_\_\_\_\_ 19 \_\_\_\_\_  
 Attorney Signature (Blue Ink) Date

20 \_\_\_\_\_  
 Attorney Printed Name

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

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

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

JAC Date Stamp

## Privately Retained Attorney - Indigent for Costs

1. Name of Mental Health Expert – Use first name, middle initial and last name.
2. Firm Name
3. Vendor Tax Identification Number - Supply Tax ID Number of Mental Health Expert 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. IFC Attorney Name – Use first name, middle initial and last name.
5. Florida Bar Number – Supply bar number of the Attorney assigned to the case.
6. Invoice Number – Invoice tracking number generated by reporting firm.
7. Case Number - Provide court issued case number for which the Mental Health Expert was needed.
8. 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.
9. County & Circuit – Provide both the county and circuit of court.
10. Total Invoice Amount - Provide the total amount billed for this invoice.
11. 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. Supply the type of Expert Service provided.
  - A. Units of Service Billed – Provide the date of service. Check the appropriate box stating how service is billed. If billing at a flat rate, check the Flat Rate box and provide the Flat Rate Amount. If billing hourly, check the Per Hour box and fill in the information in the Event Summary. All hourly billings must be accompanied by a detailed invoice.
  - B. Invoice Attached - If you are using this document only as a voucher cover, not as an invoice, then check the "See Attached Invoice" 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.
  - C. All "Other Costs" must be accompanied by a detailed travel voucher or other applicable log of charges, invoices, receipts, and/or other proof of payment. Pursuant to section 112.061, F.S., any request for reimbursement of travel expenses including mileage must be supported by a properly completed travel voucher issued by the Department of Financial Services.
12. Mental Health Expert Certification Paragraph – Signing this document affirms understanding of and agreement to this statement.
13. Mental Health Expert Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
14. Date – Include date certifying invoice.
15. Mental Health Expert Printed Name - Use first name, middle initial and last name.
16. Phone Number – Provide phone number where Mental Health Expert can be reached.
17. Attorney Certification Paragraph – Signing this document affirms understanding of and agreement to this statement.
18. Attorney Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
19. Date - Include date certifying invoice.
20. Attorney Printed Name - Use first name, middle initial and last name.
21. Bar Number – Provide bar number for attorney.
22. Phone Number – Provide phone number where attorney can be reached.

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