

**Privately Retained Attorney - Indigent for Costs  
Out-of-State Court Reporter Attendance  
Invoice/Voucher Cover**

Name of Court Reporter 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** **Order Information:**

Transcript       Expedited      Reason expedited: \_\_\_\_\_

CNA (Certification of Non-Attendance):      Number  X Rate  = \$

(1 CNA) per Witness

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**12** **Deposition Information:**

Per Diem Rate:       Half Day       Full Day      Service Date \_\_\_\_\_

Hourly Rate:      Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Rate

Number of Witnesses Deposited  Name of Witness(s) \_\_\_\_\_

**13** **Court Reporter Certification**

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

14 \_\_\_\_\_ 15 \_\_\_\_\_  
 Court Reporter Signature (Blue Ink)      Date

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

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

**18** **Attendance Certification**

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 for costs. I further certify that the reported time, rate, and names of witnesses are true and accurate.

19 \_\_\_\_\_ 20 \_\_\_\_\_  
 Attorney or Ordering Attorney Signature (Blue Ink)      Date

21 \_\_\_\_\_  
 Attorney Printed Name

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

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

JAC Date Stamp \_\_\_\_\_

**IMPORTANT:** Original Signatures required, JAC will not accept copies or facsimiles of this form.  
 Attendance at court hearings are paid by Court Administration.  
 NOTE: 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 unless restricted by Indigent Services Committee in the circuit in which you were appointed.

## Privately Retained Attorney - Indigent for Costs

1. Name of Court Reporter – Use first name, middle initial and last name.
2. Firm Name
3. Vendor Tax Identification Number - Supply Tax ID 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. IFC Attorney Name – Use first name, middle initial and last name.
5. Florida Bar Number – Supply bar number of the Attorney.
6. Invoice Number - Invoice tracking number generated by reporting firm.
7. 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.
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. Transcript Information – Check the appropriate box(s). If expedited, state reason for expedition. If a Certification of Non-Attendance is produced, enter the number of certifications (number of people), the rate per certification, and the total CNA amount. No more than 1 CNA can be ordered per witness.
12. Deposition Information – Enter the date of the service along with the start and end times. Provide the rate, number of witnesses deposed, and the name of each.
13. Court Reporter Certification Paragraphs – Signing this document affirms understanding of and agreement to this statement.
14. 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.
15. Date – Include date certifying invoice.
16. Court Reporter Printed Name - Use first name, middle initial and last name.
17. Phone Number – Provide phone number where Court Reporter can be reached.
18. Attendance Certification Paragraph – Signing this document affirms understanding of and agreement to this.
19. Attorney or Ordering Attorney Signature - Person present at deposition, Attorney or Ordering Attorney, should sign, in blue ink, on the line provided.
20. Date – Include date certifying invoice.
21. Printed Name – Use attorney's first name, middle initial and last name.
22. Bar Number - Enter the Florida Bar Number of the attorney who certifies the attendance.
23. 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 requests.