

Indigent for Costs Out-of-State Court Reporter Attendance Invoice/Voucher Cover

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 Payment Type: Pro Bono Self Paid 3rd Party Paid

Total Invoice Amount	\$ <u>13</u>
-----------------------------	--------------

14 **Order Information:**

Transcript Expedited Reason expedited: _____

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

(1 CNA) per Witness

15 **Deposition Information:**

Per Diem Rate: Half Day Full Day Service Date _____

Hourly Rate: Start Time _____ End Time _____ Rate

Number of Witnesses Deposed Name of Witness(s) _____

16 **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.

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

19 _____
 Court Reporter Printed Name

20 _____
 Phone Number

21 **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.

22 _____ 23 _____
 Attorney or Ordering Attorney Signature (Blue Ink) Date

24 _____
 Attorney Printed Name

25 _____
 Bar Number

26 _____
 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.

Indigent for Costs

1. Name of Court Reporter – Use first name, middle initial and last name.
2. Firm Name
3. 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. Attorney Name – Use first name, middle initial and last name.
5. Florida Bar Number – Supply bar number of the Attorney.
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. Payment Type – Check the appropriate box.
13. Total Invoice Amount - Provide the total amount billed for this invoice.
14. 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.
15. 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.
16. Court Reporter Certification Paragraphs – Signing this document affirms understanding of and agreement to this statement.
17. 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.
18. Date – Include date certifying invoice.
19. Court Reporter Printed Name - Use first name, middle initial and last name.
20. Phone Number – Provide phone number where Court Reporter can be reached.
21. Attendance Certification Paragraph – Signing this document affirms understanding of and agreement to this.
22. Attorney or Ordering Attorney Signature - Person present at deposition, Attorney or Ordering Attorney, should sign, in blue ink, on the line provided.
23. Date – Include date certifying invoice.
24. Printed Name – Use attorney’s first name, middle initial and last name.
25. Bar Number - Enter the Florida Bar Number of the attorney who certifies the attendance.
26. 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.