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

Name of Court Reporter _____ Invoice Number _____

Firm Name _____ Case Number _____

Vendor Tax ID Number _____ Case Caption _____

IFC Attorney Name _____ County & Circuit _____

Florida Bar Number _____

Total Invoice Amount	$

INVOICE INFORMATION:

A. Transcript Information

☐ Trial ☐ Other Hearings ☐ Video ☐ Deposition (Name) _____

Date(s) _____ - _____

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

-OR-

B. ☐ Invoice Attached

Out-of-State Court Reporter Certification

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.

_____

Court Reporter Signature (Blue Ink) Date

_____

Court Reporter Printed Name

_____

Phone Number

Attorney Receipt and Certification

I have read and agree with the number of pages and copies provided, as stated above and certify 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.

_____

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

_____

Attorney Printed Name

_____

Bar Number

_____

Phone Number

JAC Date Stamp

IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form. Any copies produced for the benefit of the State Attorney should be billed to the State Attorney except under contract in Broward County.

Indigent for Costs