

**Privately Retained Attorney - Indigent for Costs  
Process Server Certification  
Invoice/Voucher Cover**

Name of Process Server 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:**

**A. Subpoena Service Information**

Number Served	<input type="text"/>	Cost per Subpoena	<input type="text"/>	Service Date	
				Total	\$ <input type="text"/>

Names of Individuals Served: \_\_\_\_\_

-OR-

**B.  Invoice Attached**

12 **Process Server Certification**

I certify that I was authorized to perform all services 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.

\_\_\_\_\_13 \_\_\_\_\_14  
 Process Server Signature (Blue Ink) Date

\_\_\_\_\_15 \_\_\_\_\_  
 Process Server 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

JAC Date Stamp

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

## Privately Retained Attorney - Indigent for Costs

1. Name of Process Server – Use first name, middle initial and last name.
2. Firm Name
3. Vendor Tax Identification Number - Supply Tax ID Number of Process Server 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 – 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 Process Server 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.
  - A. Subpoena Service Information – Provide the date of service. Supply the number of subpoenas served along with the cost per subpoena and the total. Provide the name of each Individual Served, using first name, middle initial and last name.
  - 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.
12. Process Server Certification Paragraph – Signing this document affirms understanding of and agreement to this.
13. Process Server Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
14. Date – Include date certifying invoice.
15. Process Server Printed Name - Use first name, middle initial and last name.
16. Phone Number – Provide phone number where Process Server can be reached.
17. Attorney Certification Paragraph – Signing this document affirms understanding of and agreement to this.
18. Attorney Signature -The attorney should 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 the bar number of the 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.