

# Pro Se Order Form for Copies and Other Services Voucher Cover

Name of Provider 1 \_\_\_\_\_

Tax ID Number 2 \_\_\_\_\_

Individual Requesting Copies/Services 3 \_\_\_\_\_

9 Court Order Authorizing  Attached

Invoice Number 4 \_\_\_\_\_

Case Number 5 \_\_\_\_\_

Case Caption 6 \_\_\_\_\_

County & Circuit 7 \_\_\_\_\_

Judge Name 8 \_\_\_\_\_

**Total Invoice Amount** \$ 10

11

**Services Provided**

Copies

Certification Fees

Court Filing Fees

Other \_\_\_\_\_

	Unit	Quantity	X	Unit Rate	=	Total
						\$
						\$
						\$
						\$
		<b>TOTAL</b>				\$

**Attach Invoice and Receipt for Service**

12 **Provider 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 \_\_\_\_\_  
Provider Signature (Blue Ink) Date

15 \_\_\_\_\_  
Provider Printed Name

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

17 **Pro Se Certification**

I certify that the costs and services reflected on this invoice were satisfactorily performed, were necessary for 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 payment is appropriate.

18 \_\_\_\_\_ 19 \_\_\_\_\_  
Pro Se Signature (Blue Ink) Date

20 \_\_\_\_\_  
Pro Se Printed Name

21 \_\_\_\_\_  
Address

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

JAC Date Stamp

**IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form. Rates set by the local Indigent Services Committee for due process services must be applied.**

## Pro Se

1. Name of Provider – Use first name, middle initial and last name.
2. Tax Identification Number - Supply tax identification number of Provider. If you do not have a tax identification number, please enter your social security number. **NOTE:** Payment cannot be processed without this information.
3. Individual Requesting Copies/Service – Use first name, middle initial and last name.
4. Invoice Number – Invoice tracking number generated by provider.
5. Case Number - Provide court issued case number.
6. 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.
7. County & Circuit – Provide both the county and circuit of court.
8. Judge Name – Provide the name of the judge presiding over the case.
9. Court Order Authorizing – Check box to indicate that court order authorizing expenditure is attached.
10. Total Invoice Amount - Provide the total amount billed for this invoice.
11. Services Provided – Check the appropriate box(s) for type of copy ordered along with the unit quantity, unit rate, and total.  
**NOTE:** Invoice and Receipt for Service must be attached for processing of payment.
12. Provider Certification Paragraph – Signing this document affirms understanding of and agreement to this.
13. Provider Signature - Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
14. Date – Include date.
15. Provider Printed Name - Use first name, middle initial and last name.
16. Phone Number – Provide phone number where provider can be reached.
17. Pro Se Certification Paragraph – Signing this document affirms understanding of and agreement to this.
18. Pro Se Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
19. Date – Include date.
20. Pro Se Printed Name - Use first name, middle initial and last name.
21. Address – Provide the address of the pro se defendant.
22. Phone Number – Provide phone number where they can be reached.