

Pro Se Order Form for Copies and Other Services Voucher Cover

Name of Provider 1 _____

Vendor Tax ID Number 2 _____

8 Court Order Authorizing Attached

Invoice Number 3 _____

Case Number 4 _____

Case Caption 5 _____

County & Circuit 6 _____

Judge Name 7 _____

Total Invoice Amount \$ 9 _____

10

Services Provided

Copies

Other _____

Unit	Quantity	X	Unit Rate	=	Total
					\$
					\$
			TOTAL		\$

Attach Invoice and Receipt for Service

11 **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.

12 _____ 13 _____
 Provider Signature (Blue Ink) Date

14 _____
 Provider Printed Name

15 _____
 Phone Number

16 **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.

17 _____ 18 _____
 Pro Se Signature (Blue Ink) Date

19 _____
 Pro Se Printed Name

20 _____
 Address

21 _____
 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. Vendor 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. Invoice Number – Invoice tracking number generated by provider.
4. Case Number - Provide court issued case number.
5. 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.
6. County & Circuit – Provide both the county and circuit of court.
7. Judge Name – Provide the name of the judge presiding over the case.
8. Court Order Authorizing – Check box to indicate that court order authorizing expenditure is attached.
9. Total Invoice Amount - Provide the total amount billed for this invoice.
10. 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.
11. Provider Certification Paragraph – Signing this document affirms understanding of and agreement to this.
12. Provider Signature - Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
13. Date – Include date.
14. Provider Printed Name - Use first name, middle initial and last name.
15. Phone Number – Provide phone number where provider can be reached.
16. Pro Se Certification Paragraph – Signing this document affirms understanding of and agreement to this.
17. Pro Se Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
18. Date – Include date.
19. Pro Se Printed Name - Use first name, middle initial and last name.
20. Address – Provide the address of the pro se defendant.
21. Phone Number – Provide phone number where they can be reached.