

**Pro Se
Interpreter Services Certification
Invoice/Voucher Cover**

Name of Interpreter 1 _____
 Firm Name 2 _____
 Vendor Tax ID Number 3 _____

Invoice Number 4 _____
 Case Number 5 _____
 Case Caption 6 _____
 County & Circuit 7 _____
 Judge Name 8 _____

9 Court Order Authorizing Attached

Total Invoice Amount \$ 10

11 **INVOICE INFORMATION:** Language: _____

A. Units of Service Billed Service Date

Certification: State Certified Court Certified
 Billing: Per Hour¹ Per Diem Other

¹ Interpreters billing hourly must attach a detailed invoice.

Unit Quantity	X	Unit Rate	=	Total Invoiced

Other Costs²: Other Costs Total \$ Description _____

²Must Attach detailed Log of Charges (i.e. DFS travel voucher).

-OR-

B. Invoice Attached

12 **Interpreter Services 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 _____
 Interpreter Signature (Blue Ink) Date

15 _____
 Interpreter 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 that 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.
NOTE: Charges for Interpreter Services provided during court proceedings are not to be billed to the JAC.

Pro Se

1. Name of Interpreter – Use first name, middle initial and last name.
2. Firm Name
3. Vendor Tax Identification Number - Supply Tax ID Number of Interpreter 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. Invoice Number – Invoice tracking number generated by reporting firm.
5. Case Number - Provide court issued case number for which the Interpreter was needed.
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 – Enter the name of the Judge presiding over the case.
9. Court Order Authorizing – Check box indicating court order authorizing expenditure is attached.
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. Supply the Language being interpreted, including sign language.
 - A. Units of Service Billed – Provide the date of service. Check the appropriate certification box to reflect current certification. Check the appropriate box stating how service is billed. If billing hourly, check the Per Hour box and fill in the total invoiced amount. All hourly billings must be accompanied by a detailed invoice. For all billings other than hourly, enter the unit quantity, unit rate, and the total dollar amount billed. If you have additional costs, provide the total amount and a description of the costs. All Other Costs must be accompanied by a DFS travel voucher. Pursuant to section 112.061, F.S., any request for reimbursement of travel expenses including mileage must be supported by a properly completed travel voucher issued by the Department of Financial Services.
 - 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. Interpreter Certification Paragraph – Signing this document affirms understanding of and agreement to the statement.
13. Interpreter Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
14. Date – Include date certifying invoice.
15. Interpreter Printed Name - Use first name, middle initial and last name.
16. Phone Number – Provide phone number where Interpreter can be reached.
17. Pro Se Certification – Signing this document affirms understanding of and agreement to the statement.
18. Pro Se Signature – The Pro Se defendant should sign in blue ink. **NOTE:** The signature must be original.
19. Please provide date.
20. Print name of Pro Se individual.
21. Provide address of Pro Se Individual
22. Provide a phone number of Pro Se Individual.

All services are subject to audit and the Justice Administrative Commission reserves the right to offset an over-billing against subsequent payment requests.