

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

Name of Interpreter 1 \_\_\_\_\_

Firm Name 2 \_\_\_\_\_

Tax ID Number 3 \_\_\_\_\_

8 Court Order Authorizing  Attached

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

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

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

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

<b>Total Invoice Amount</b>	\$ <u>9</u>
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10 **INVOICE INFORMATION:** Language: \_\_\_\_\_

<b>A. Units of Service Billed</b>		Service Date
Certification:	<input type="checkbox"/> State Certified <input type="checkbox"/> Court Certified	
Billing:	<input type="checkbox"/> Per Hour <sup>1</sup> <input type="checkbox"/> Per Diem <input type="checkbox"/> Other	
<sup>1</sup> Interpreters billing hourly must attach a detailed invoice.		
Unit Quantity	Unit Rate	Total Invoiced
<input type="text"/>	X <input type="text"/>	= \$ <input type="text"/>
Other Costs <sup>2</sup> :	Other Costs Total \$ <input type="text"/>	Description
<sup>2</sup> Must Attach detailed Log of Charges (i.e. mileage log).		

**-OR-**

**B.**  Invoice Attached

11 **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.

12 \_\_\_\_\_ 13 \_\_\_\_\_  
Interpreter Signature (Blue Ink)                      Date

14 \_\_\_\_\_  
Interpreter 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 that 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.  
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. 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. Court Order Authorizing – Check box indicating court order authorizing expenditure is attached.
9. Total Invoice Amount - Provide the total amount billed for this invoice.
10. 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 detail log. There is a Mileage Log is at the end of the Interpreter Services Packet.
  - 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.
11. Interpreter Certification Paragraph – Signing this document affirms understanding of and agreement to the statement.
12. Interpreter Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
13. Date – Include date certifying invoice.
14. Interpreter Printed Name - Use first name, middle initial and last name.
15. Phone Number – Provide phone number where Interpreter can be reached.
16. Pro Se Certification – Signing this document affirms understanding of and agreement to the statement.
17. Pro Se Signature – The Pro Se defendant should sign in blue ink. **NOTE:** The signature must be original.
18. Please provide date.
19. Print name of Pro Se individual.
20. Provide address of Pro Se Individual
21. 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.