

Pro Se
Lead Investigator Certification of Services (Including Services Provided by Class CC Investigator and/or Mitigation Specialist) Invoice/Voucher Cover

Investigative Firm Name _____ (1)
 Lead Investigator _____ (2)
 Vendor Tax ID Number _____ (3)
 Agency License # _____ (4)

Invoice Number _____ (5)
 Case Number _____ (6)
 Case Caption _____ (7)
 County & Circuit _____ (8)
 Judge Name _____ (9)

(10) Order Attached

Total Invoice Amount \$ _____ (11)

(12) **INVOICE INFORMATION:**

Units of Service Billed¹:	Service Date(s) _____
A. Per hour rate for investigators with Class C License (Lead investigator) ²	Unit Quantity _____
	Unit Rate \$ _____
	Subtotal _____
B. Per hour rate for investigators with Class CC License (60% of ISC rate for Investigator with a Class C License)	Unit Quantity _____
	Unit Rate \$ _____
	Subtotal _____
	Total \$ _____
<small>¹ Attach a detailed hourly statement. Please see the <i>Investigator Certification Invoice/Voucher Cover Instructions</i> and <i>JAC Policies and Procedures</i> for hourly billing requirements.</small>	
<small>² This line may be also be used by an investigator(s) with a Class MA or M license OR by a mitigation specialist who has appropriate licensure or who is a member of The Florida Bar.</small>	
Subpoena Service Information³:	
Number Served _____	Cost per Subpoena _____
Names of Individuals Served: _____	
<small>³ Attach a copy of the return of service for each person served.</small>	
Other Costs⁴	
Description(s) _____	
<small>⁴ Attach applicable travel voucher, other log of charges, invoices, receipts, and/or proof of payment.</small>	
	Other Costs Total \$ _____

(13) **Lead Investigator Certification**
 I certify that the investigator(s) who performed services were licensed at the time of service and were 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.

 Lead Investigator Signature (Blue Ink) _____ (14) Date
 _____ (15)
 Lead Investigator License Number
 _____ (16)
 Lead Investigator Printed Name
 _____ (17)

 Phone Number

(18) **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.

 Pro Se Signature (Blue Ink) _____ Date
 _____ (20)
 Pro Se Printed Name
 _____ (21)
 Address _____
 _____ (22)
 Phone Number

JAC Date Stamp

1. Investigative Firm Name – Supply name of investigative agency under which the investigator provided services. The investigative agency must be licensed by the Department of Agriculture and Consumer Services, Division of Licensing (for out of state investigators, please see # 3 below).
2. Lead Investigator – Supply the name of the Class C Investigator who provided services and/or who is responsible for the work provided by the Class CC investigator(s).
3. Tax Identification Number - Supply the Tax ID Number of the Lead Investigator or Investigative Firm. **NOTE:** Payment cannot be processed without this information.
4. Agency License Number – Provide the agency license number as issued by the Department of Agriculture and Consumer Services. **NOTE:** All in-state investigative services must be performed by an investigator with a valid and current Class C or CC license issued by Department of Agriculture and Consumer Services and working under an investigation agency holding a valid and current Class A, Class AA, or Class AB license issued by the Department. As used herein Class C license includes a Class MA or M license. Class CC investigators must be under supervision of a Class C investigator. For an out-of-state investigator performing out-of-state services, please provide the out-of-state investigative agency number, if applicable. A mitigation specialist in a capital case must also have an investigator license and be working under a licensed investigation agency unless the mitigation specialist holds another Florida professional license in an appropriate field such as mental health or social work or is a member of The Florida Bar. For mitigation specialists without an investigator license, please indicate the area of Florida licensure in the space for the agency license number and the license number in the space for the investigator license (see #16 below).
5. Invoice Number – Supply the invoice tracking number generated by Investigator or Investigative Firm.
6. Case Number - Provide the court issued case number.
7. Case Caption – Give style of the case, e.g., “State of Florida vs. John Brown” or “In the Interest of J.B.” In Dependency cases, use only the first and last initials.
8. County & Circuit – Provide both the county and circuit of court.
9. Judge Name – Enter the name of the Judge presiding over the case.
10. Attach Court Order Authorizing - Provide the court order authorizing the specific investigative services. Include the appropriate rate and cap for services.
11. Total Invoice Amount - Provide the total amount billed for this invoice.
12. Invoice Information – Because an Investigator may have provided more than one type of service for a case, three sections are provided: Units of Service Billed, Subpoena Service Information, and Other Costs. You may fill in one, two, or all of three areas.
 - a. *Units of Service Billed* –
 - i. Include the unit quantity, unit rate, and the total dollar amount billed for Investigators with a Class C license,

AND/OR
 - ii. Include the unit quantity, unit rate, and the total dollar amount billed for Investigators with a Class CC license.
- Attach a detailed hourly statement.** Include the date, type of service(s) provided, and the amount of time worked for each service. Include the name of the investigator(s) who provided the service(s) and license number(s) and type(s). An investigator may not bill multiple days without indicating the number of hours worked on each particular date. For review of documents, the billing should identify the type of document and approximate number of pages reviewed. See also JAC Policies and Procedures for Court-Appointed Counsel.
 - b. *Subpoena Service Information* – 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. Provide a return of service for each person served. (If additional space is needed, please attach an additional sheet).
 - c. *Other Costs* – Provide a brief description of the costs and the total. All “Other Costs” must be accompanied by a detailed travel voucher or other applicable log of charges, invoices, receipts, and/or proof of payment. 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.
13. Lead Investigator Certification Paragraph – Signing this document affirms understanding of and agreement to the statement.
14. Lead Investigator Signature & Date – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original. Include date of certification.
15. Lead Investigator License number – Supply Class C Investigator license number issued by Department of Agriculture and Consumer Services. For an out-of-state investigator, supply the out-of-state license number(s), if applicable. A mitigation specialist in a capital case must also have an investigator license and be working under a licensed investigation agency

unless the mitigation specialist holds another Florida professional license in an appropriate field such as mental health or social work or is a member of The Florida Bar. For mitigation specialists without an investigator license, please indicate the area of Florida licensure in the space for the agency number and the license number in the space for the investigator license.

16. Lead investigator printed name - Please type or neatly print the lead investigator's full name.
17. Phone Number – Provide phone number where lead investigator can be reached.
18. Pro Se Certification Paragraph – Signing this document affirms understanding of and agreement to the statement.
19. Pro Se Signature - Pro Se individual should sign in blue ink and provide the date of certification. **NOTE:** The signature must be original.
20. Pro Se Printed Name - Use first, middle and last name.
21. Pro Se Address - Provide Pro Se Individual's mailing address.
22. Pro Se Phone – Provide the Pro Se Individual's phone number.

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

PRO SE