



## Pro Se

1. Name of Mental Health Expert – Use first name, middle initial and last name.
2. Firm Name
3. Vendor Tax Identification Number - Supply Tax ID Number of Mental Health Expert 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 Mental Health Expert 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 – Provide the name of the Judge presiding over the case.
9. Court Order Authorizing – Check box indicating that 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 type of Expert Service provided.
  - A. Units of Service Billed – Provide the date of service. Check the appropriate box stating how service is billed. If billing at a flat rate, check the Flat Rate box and provide the Flat Rate Amount. If billing hourly, check the Per Hour box and fill in the information in the Event Summary. All hourly billings must be accompanied by a detailed invoice.
  - 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.
  - C. All "Other Costs" must be accompanied by a detailed travel voucher or other applicable log of charges, invoices, receipts, and/or other 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.
12. Mental Health Expert Certification Paragraph – Signing this document affirms understanding of and agreement to this statement.
13. Mental Health Expert Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
14. Date – Include date certifying invoice.
15. Mental Health Expert Printed Name - Use first name, middle initial and last name.
16. Phone Number – Provide phone number where Mental Health Expert can be reached.
17. Pro Se Certification Paragraph – Signing this document affirms understanding of and agreement to this statement.
18. Pro Se Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
19. Date - Include date certifying invoice.
20. Pro Se Printed Name - Use first name, middle initial and last name.
21. Address – Provide address for pro se defendant.
22. Phone Number – Provide phone number where they can be reached.

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