

**Pro Se  
Other Expert Witness Certification  
Invoice/Voucher Cover**

Name of Expert Witness \_\_\_\_\_

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

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

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

Vendor Tax ID Number \_\_\_\_\_

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

Court Order Authorizing:  Attached

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

Judge Name \_\_\_\_\_

<b>Total Invoice Amount</b>	\$ <input style="width: 80px;" type="text"/>
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**INVOICE INFORMATION:**

**A. Units of Service Billed**

Service Date \_\_\_\_\_

Flat Rate                      Flat Rate Amount    \$

Per Hour<sup>1</sup>                       Other \_\_\_\_\_

<sup>1</sup>Experts billing hourly must attach a detailed invoice.

**Event Summary:**

In-Court	\$
Out-of-Court	\$
Costs & Expenses <sup>2</sup>	\$
Other	\$

<sup>2</sup>Must attach a travel voucher or other detailed Log of Charges.

-OR-

B.  Invoice Attached

**Expert Witness 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.

\_\_\_\_\_  
Expert Witness Signature (Blue Ink)                      Date

\_\_\_\_\_  
Expert Witness Printed Name

\_\_\_\_\_  
Phone Number

**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 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

\_\_\_\_\_  
Pro Se Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

JAC Date Stamp