

## In-State Court Reporter Attendance Invoice/Voucher Cover

Name of Court Reporter 1 \_\_\_\_\_ Invoice Number 7 \_\_\_\_\_  
 Firm Name 2 \_\_\_\_\_ Case Number 8 \_\_\_\_\_  
 Tax ID Number 3 \_\_\_\_\_ Case Caption 9 \_\_\_\_\_  
 Court-Appointed Attorney 4 \_\_\_\_\_ County & Circuit 10 \_\_\_\_\_  
 Florida Bar Number 5 \_\_\_\_\_  
 Attorney Ordering Transcript(s) 6 \_\_\_\_\_

<b>Total Invoice Amount</b>	\$ <u>11</u>
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12

**Deposition Information:** Service Date   /  /  

Per Diem Rate:     Half Day                       Full Day                      Rate 

\$
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Hourly Rate:      Start Time   :                        End Time   :                        Rate 

\$
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Number of Witnesses Deposited 



 Name of Witness(s) \_\_\_\_\_

CNA (Certification of Non-Attendance):    Number 



 X    Rate 



 = 

\$
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(1 CNA) per Witness

13

**Order Information:**

Transcript                       Expedited      Reason expedited: \_\_\_\_\_

14      **Court Reporter Certification**

I certify that I was authorized to attend the deposition; that the amounts reflected on the invoice are true and accurate charges; and that the work in connection herewith was actually performed.

15 \_\_\_\_\_ 16 \_\_\_\_\_  
 Court Reporter Signature (Blue Ink)                      Date

17 \_\_\_\_\_  
 Court Reporter Printed Name

( ) - 18 \_\_\_\_\_  
 Phone Number

19      **Attendance Certification**

I hereby certify that the services provided by the above named court reporting firm were necessary and useful in the representation of the above named defendant who is indigent. I further certify that the reported time, rate, and names of witnesses are true and accurate.

20 \_\_\_\_\_ 21 \_\_\_\_\_  
 Court-Appointed Attorney OR                      Date  
 Ordering Attorney Signature (Blue Ink)

22 \_\_\_\_\_  
 Attorney Printed Name

23 \_\_\_\_\_  
 Bar Number

( ) - 24 \_\_\_\_\_  
 Phone Number

JAC Date Stamp

**IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.**  
 Attendances at court hearings are paid by Court Administration.  
**NOTE: JAC will pay for original and up to 1 copy for all transcripts except appeal transcripts, where original and up to 2 copies are allowed unless restricted by Indigent Services Committee in the circuit in which you were appointed.**

1. Name of Court Reporter – Use first name, middle initial and last name.
2. Firm Name
3. Tax Identification Number - Supply tax identification number of Court Reporter 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. Court-Appointed Attorney – Use first name, middle initial and last name.
5. Florida Bar Number – Supply bar number of the Court-Appointed Attorney assigned to the case.
6. Attorney Ordering Transcript(s) – Insert name of attorney if other than Court-Appointed Attorney. Use first name, middle initial and last name.
7. Invoice Number - Invoice tracking number generated by reporting firm.
8. Case Number - Provide court issued case number for which the transcription was ordered. If a deposition is utilized in multiple cases for the same defendant, enter the lowest of the case numbers.
9. 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.
10. County & Circuit – Provide both the county and circuit of court.
11. Total Invoice Amount - Provide the total amount billed for this invoice.
12. Deposition Information – Enter the date of the service along with the start and end times. Provide the rate, number of witnesses deposed, and the name of each.
13. Transcript Information – Check the appropriate box(s). If expedited, state reason for expedition. If a Certification of Non-Attendance is produced, enter the number of certifications (number of people), the rate per certification, and the total CNA amount. No more than 1 CNA can be ordered per witness.
14. Court Reporter Certification Paragraphs – Signing this document affirms understanding of and agreement to this statement.
15. Court Reporter Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original and must be signed by the individual who took the transcription.
16. Date – Include date certifying invoice.
17. Court Reporter Printed Name - Use first name, middle initial and last name.
18. Phone Number – Provide phone number where Court Reporter can be reached.
19. Attendance Certification Paragraph – Signing this document affirms understanding of and agreement to this.
20. Court-Appointed Attorney or Ordering Attorney Signature - Person present at deposition, Court-Appointed Attorney or Ordering Attorney, should sign, in blue ink, on the line provided.
21. Date – Include date certifying invoice.
22. Printed Name – Use attorney’s first name, middle initial and last name.
23. Bar Number - Enter the Florida Bar Number of the attorney who certifies the attendance.
24. Phone Number – Provide phone number where attorney can be reached.

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