

Court-Appointed Attorney - In-State Court Reporter Transcription Certification Invoice/Voucher Cover for Service Provided On or After July 1, 2010

Name of Court Reporter _____
 Firm Name _____
 Vendor Tax ID Number _____
 Court-Appointed Attorney _____
 Florida Bar Number _____
 Date Transcript Ordered _____

Invoice Number _____
 Case Number _____
 Case Caption _____
 County & Circuit _____

Total Invoice Amount	\$ _____
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INVOICE INFORMATION:

A. Transcript Information <input type="checkbox"/> Deposition (Name of witness) _____	
<input type="checkbox"/> Trial <input type="checkbox"/> Other Hearings <input type="checkbox"/> Video	Date(s) _____
Original: \$/Page <input style="width: 50px;" type="text"/> # Pages <input style="width: 50px;" type="text"/> Total \$ <input style="width: 50px;" type="text"/>	
Copy: \$/Page <input style="width: 50px;" type="text"/> # Pages <input style="width: 50px;" type="text"/> # Copies <input style="width: 50px;" type="text"/> Total \$ <input style="width: 50px;" type="text"/>	
Other: \$/Page <input style="width: 50px;" type="text"/> # Pages <input style="width: 50px;" type="text"/> # Copies <input style="width: 50px;" type="text"/> Total \$ <input style="width: 50px;" type="text"/>	
-OR-	
B. <input type="checkbox"/> Invoice Attached	

<p style="text-align: center;">In-State Court Reporter Certification</p> <p>I certify that I <u>have</u> / <u>have not</u> (circle one) billed or been paid appearance fees related to this transcript. Amount billed or paid \$ _____</p> <p>If the transcript billed above is an original, I certify that to my knowledge an original has not been previously paid by JAC or another state entity.</p> <p>I certify that I was authorized to prepare all transcripts 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.</p> <p>Under penalties of perjury, I declare that I have read the foregoing In-State Court Reporter Transcription Certification and that the facts stated in it are true.</p> <p>_____ Court Reporter Signature (Blue Ink) Date</p> <p>_____ Court Reporter Printed Name</p> <p>_____ Phone Number</p>	<p style="text-align: center;">Transcript Delivery Receipt</p> <p>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 have also read and agree with the number of pages and copies provided, as stated above.</p> <p>_____ Court-Appointed Attorney OR Designee Signature Date OR Clerk of Court for Appeal Transcripts (Blue Ink)</p> <p>_____ Printed Name</p> <p>_____ Bar Number</p> <p>_____ Phone Number</p> <div style="text-align: center; margin-top: 20px;"> JAC Date Stamp _____ _____ _____ </div>
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IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form. Upon a finding by a court that a transcription is necessary, 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.