

Court-Appointed Attorney - Lead Investigator Certification of Services (Including Services Provided by Class CC Investigator and/or Mitigation Specialist) Invoice/Voucher Cover

Investigative Firm Name _____
 Lead Investigator _____
 Vendor Tax ID Number # _____
 Agency License # _____
 Court-Appointed Attorney _____

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

Florida Bar Number _____

Order Attached

Total Invoice Amount	\$	
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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
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.	
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.	
	Total \$ _____

Subpoena Service Information³:			
Number Served _____	Cost per Subpoena _____	Total	\$ _____
Names of Individuals Served: _____			
³ Attach a copy of the return of service for each person served.			

Other Costs⁴	
Description(s) _____	
⁴ Attach applicable travel voucher, other log of charges, invoices, receipts, and/or proof of payment.	
Other Costs Total	\$ _____

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) Date

 Lead Investigator License Number

 Lead Investigator Printed Name

 Phone Number

IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.

Attorney Certification

I certify that the costs and services reflected on this invoice were satisfactorily performed, were necessary for the performance of my duties in 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 under the terms of my Agreement with the Justice Administrative Commission payment is appropriate.

 Court-Appointed Attorney Signature (Blue Ink) Date

 Court-Appointed Attorney Printed Name

 Bar Number

 Phone Number

JAC Date Stamp