

## Other Expert Witness Certification Invoice/ Voucher Cover INSTRUCTIONS

Name of Expert Witness 1 \_\_\_\_\_  
 Firm Name 2 \_\_\_\_\_  
 Tax ID Number 3 \_\_\_\_\_  
 Court-Appointed Attorney 4 \_\_\_\_\_  
 Florida Bar Number 5 \_\_\_\_\_  
 Attorney Requesting Expert Witness 6 \_\_\_\_\_

Invoice Number 7 \_\_\_\_\_  
 Case Number 8 \_\_\_\_\_  
 Case Caption 9 \_\_\_\_\_  
 County & Circuit 10 \_\_\_\_\_

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

**INVOICE INFORMATION:**

Expert Type: \_\_\_\_\_

**A. Units of Service Billed**

Flat Rate                      Flat Rate Amount      \$ \_\_\_\_\_  
 Per Hour<sup>1</sup>                       Other

Service Date

<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 detailed Log of Charges.

**-OR-**

**B.**  Invoice Attached

13      **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.

14    15  
 Expert Witness Signature (Blue Ink)      Date

16  
 Expert Witness Printed Name

17  
 Phone Number

18      **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.

19    20  
 Court-Appointed Attorney Signature (Blue Ink)      Date

21  
 Court-Appointed Attorney Printed Name

22  
 Bar Number

23  
 Phone Number

JAC Date Stamp

**IMPORTANT:** Any copies produced for the benefit of the State Attorney should be billed to the State Attorney except under contract in Broward County.

1. Name of Expert Witness – Use first name, middle initial and last name.
2. Firm Name
3. Tax Identification Number - Supply tax identification number of Expert Witness 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 Requesting Expert Witness – 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 Expert Witness was needed.
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. 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 the date, description of service and time. If you are using this document as both a voucher cover and invoice, then leave this box blank.
13. Certification Paragraph – Signing this document affirms understanding of and agreement to this statement.
14. Expert Witness Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
15. Date – Include date certifying invoice.
16. Expert Witness Printed Name - Use first name, middle initial and last name.
17. Phone Number – Provide phone number where Expert Witness can be reached.
18. Attorney Certification Paragraph – Signing this document affirms understanding of and agreement to this statement.
19. Court-Appointed Attorney Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
20. Date - Include date certifying invoice.
21. Court-Appointed Attorney Printed Name - Use first name, middle initial and last name.
22. Bar Number – Provide bar number for Court-Appointed Attorney.
23. 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 payment requests.