

Court-Appointed Attorney Order Form for Copies and Other Services INSTRUCTIONS

Name of Provider _____ (1)
 Vendor Tax ID Number _____ (3)
 Court-Appointed Attorney _____ (5)
 Florida Bar Number _____ (7)

Invoice Number _____ (2)
 Case Number _____ (4)
 Case Caption _____ (6)
 County & Circuit _____ (8)

Total Invoice Amount	\$ _____ (9)
-----------------------------	--------------

Services Provided

Copies

Other

	Unit Quantity	X	Unit Rate	=	Total
					\$ _____
					\$ _____
	TOTAL				\$ _____

NOTE: Any other Fees should be on the Attorney Fees, Costs, and Expenses Invoice/Voucher Cover

-----Attach Invoice and Receipt for Service-----

(11) **Provider 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.

 (12) Provider Signature (Blue Ink)

 (13) Date

 (14)

 (15) Provider Printed Name
 (Phone Number

(16) **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 payment is appropriate.

 (17) Court-Appointed Attorney Signature (Blue Ink)

 (18) Date

 (19)

 (20) Court-Appointed Attorney Printed Name

 (21) Bar Number

 Phone Number

JAC Date Stamp

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

1. Name of Provider – Use first name, middle initial and last name.
2. Invoice Number – Invoice tracking number generated by provider.
3. Vendor Tax identification number; please enter your social security number. **NOTE:** Payment cannot be processed without this information.
4. Case Number - Provide court issued case number.
5. Court-Appointed Attorney – Use first name, middle initial and last name.
6. 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.
7. Florida Bar Number – Supply bar number of the Court-Appointed Attorney assigned to the case.
8. County & Circuit – Provide both the county and circuit of court.
9. Total Invoice Amount - Provide the total amount billed for this invoice.
10. Services Provided – Check the appropriate box(s) for type of copy ordered along with the unit quantity, unit rate, and total.
NOTE: Invoice and Receipt for Service must be attached for processing of payment.
11. Provider Certification Paragraph – Signing this document affirms understanding of and agreement to this.
12. Provider Signature - Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
13. Date – Include date.
14. Provider Printed Name - Use first name, middle initial and last name.
15. Phone Number – Provide phone number where provider can be reached.
16. Attorney Certification Paragraph – Signing this document affirms understanding of and agreement to this.
17. Court-Appointed Attorney Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
18. Date – Include date.
19. Court-Appointed Attorney Printed Name - Use first name, middle initial and last name.
20. Bar Number – Provide court-appointed attorney's bar number.
21. Phone Number – Provide phone number where attorney can be reached.