

Flat Rate Attorney's Fees, Costs, or Related Expenses Invoice/Voucher Cover – For Cases Appointed ON or AFTER JULY 1, 2007

Attorney Name _____
 Firm Name _____
 Florida Bar Number _____
 Tax ID Number _____

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

Case Type: Civil Criminal Conflict Dependency

Total Invoice Amount	\$
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INVOICE INFORMATION:

	Unit Quantity	Unit Rate	Total
DISPOSITION DATE / /			
FLAT RATE ATTORNEY'S FEE*			\$ _____
TRAVEL EXPENSES**			\$ _____
TOTAL INVOICE AMOUNT			\$ _____

Intended hourly billings must use "Hourly Attorney's Fees, Costs, or Related Expenses Invoice/Voucher Cover". **Mileage may be billed only when the destination is in excess of fifty (50) miles (one-way) from attorney's office. When billing for travel expenses including mileage, a properly completed DFS travel voucher must be attached. Any one-way trip that exceeds fifty (50) miles must be supported by documentation.

SINGLE COURT-APPOINTED ATTORNEY:

- I affirm that I was the only private attorney that was court-appointed to provide representation to the client in the matter identified above by case number and case caption.
- I affirm that the matter identified above by case number and case caption has reached final disposition or a billable point.

MULTIPLE COURT-APPOINTED ATTORNEYS*:

- I affirm that I was not the only private attorney that was court-appointed to provide representation to the client in the matter identified above by case number and case caption. At some point in time, the following private attorneys were previously, simultaneously or subsequently court-appointed:

- I affirm that the matter identified above by case number and case caption has reached final disposition or a billable point.
- I affirm that I was the attorney of record at time of final disposition or at billable point for the matter identified above by case number and case caption.

*Pursuant to s. 27.5304(11), F.S., an appointed private attorney that withdraws prior to full performance of all duties through completion of the case is not entitled to payment of the full flat fee. If withdrawal is permitted, and another private attorney is subsequently appointed, total compensation for any and all appointed private attorneys having served on the case may not exceed the flat fee established under s. 27.5304, F.S., and the General Appropriations Act.

Affidavit Verifying Flat Rate Attorney's Fees, Costs or Related Expenses

I certify that the attorney's fees listed above for which I am billing the Justice Administrative Commission of the State of Florida are fair, true, accurate, reasonable and necessary. I affirm that I have read s. 29.007, F.S., and have not recovered or attempted to recover, either for myself or for anyone else, from the State of Florida any funds for costs or expenses which were not fair, true, accurate, reasonable and necessary in the preparation of the above entitled action. I affirm that this Affidavit is applicable to all invoices and certifications for fees, costs and expenses submitted by me to the Justice Administrative Commission at any time in the above entitled action. I affirm that I have not received payment from any other source in relation to the compensation listed above. I certify that the above transactions were authorized, obtained and conducted in accordance with all applicable laws, statutes and rules of the State of Florida.

Under penalty of perjury, I do hereby attest that I have read the foregoing Affidavit Verifying Attorney's Fees, Costs and Expenses, and that all facts, information and statements supplied above, as well as all submitted and provided supporting documentation attached hereto are fair, true and accurate the best of my knowledge.

/ /

 Court-Appointed Attorney Signature (Blue Ink Only) Date

 Court-Appointed Attorney Printed Name

 Florida Bar Number Telephone Number

ORIGINAL SIGNATURE REQUIRED
JAC WILL NOT ACCEPT COPIES OR FACSIMILES OF THIS FORM.

JAC Date Stamp