

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

1. Name of Attorney – Use first name, middle initial and last name.
2. Firm Name
3. Florida Bar Number – Supply bar number of the Court-Appointed Attorney assigned to the case.
4. Tax Identification Number - Supply tax identification number of Attorney 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.
5. Invoice Number – Invoice tracking number generated by firm.
6. Charge or Nature of Proceeding – Please enter one of the following:

<u>Civil</u>	<u>Criminal Conflict</u>	<u>Dependency</u>
Baker Act – Mental Health (394)	Capital Felony (Death Penalty) Trial – Lead Counsel	TPR (CH 39) – Termination of Parental Rights
CINS/FINS – Children and/or Families in Need of Services	Capital Felony (Death Penalty) Trial – Co-Counsel	Dependency Trial
Emancipation (743.015)	Death Penalty Appeal	Dependency Shelter Hearing
Guardianship (744)	Life Felony	Dependency Disposition/Adjudication
Emergency Temporary Guardianship	Felony 1 st Degree, 2 nd Degree, or 3 rd Degree	Dependency Review Hearing
Jimmy Ryce Trial – Sexual Predator	Felony Appeal	Dependency Appeal
Jimmy Ryce Appeal	Misdemeanor	
TPR (CH 63) – Step-Parent Adoption	Misdemeanor Appeal	
Marchman Act – Substance Abuse (397)	Delinquency Trial	
Tuberculosis (392)	Delinquency Appeal	
Developmentally Disabled Adult (393)	Violation of Probation	
Adult Protective Services (415)	Rule 3.850	
Sexually Transmitted Disease (384)		

7. Case Number - Provide case number exactly as it appears on the Order of Appointment.
8. 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.
9. County & Circuit – Provide both the county and circuit of court.
10. Case Type – Check the appropriate box.
11. Total Invoice Amount - Provide the total amount billed for this invoice.
12. Invoice Information – Units of Service Billed – Enter the date. Provide the flat rate. For each category of fees, costs, or related expenses, fill in the unit quantity, unit rate and total. If you are billing for mileage, postage/courier service, telephone charges, or printing/copying, a detailed log must be attached. The logs are included in this packet.
13. Affidavit Verifying Attorney's Fees, Costs and Other Expenses – Read the verification paragraphs.
14. Court-Appointed Attorney Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
15. Date – Include date certifying invoice.
16. Attorney Printed Name - Use first name, middle initial and last name.
17. Bar Number - Provide bar number for Court-Appointed Attorney.
18. 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.