

Hourly Attorney's Fees, Costs, or Related Expenses Voucher Cover

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:

Certification of Time

	Unit Quantity		Unit Rate		Total
In-Court Attorney Fees	_____	X	_____	=	\$ _____
Out of Court Attorney Fees	_____		_____		\$ _____
Travel Expense*	_____		_____		\$ _____
Other* _____	_____		_____		\$ _____
Other* _____	_____		_____		\$ _____
			TOTAL		\$ _____

*Must attach DFS travel voucher or other detailed log of charges (included in packet)
 I certify that the time reflected herein is accurately reported, was performed by me in conformance with the requirements of my agreement with the Justice Administrative Commission and was necessary for the performance of my duties in this case.

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.

----- ATTACH DETAILED IN-COURT AND OUT-OF-COURT INVOICES -----

Affidavit Verifying Attorney's Fees, Costs or Related Expenses

I certify that my attorney's fees in the above entitled action for which I have billed the Justice Administrative Commission of the State of Florida are true, accurate, reasonable and necessary. I state 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 true, accurate, reasonable and necessary in the preparation of the above entitled case. I state 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 in the above entitled action and I certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

Under penalties of perjury, I declare that I have read the foregoing Affidavit Verifying Attorney's Fees, Costs and Expenses and that the facts stated in it are true.

 Court-Appointed Attorney Signature (Blue Ink) Date

 Court-Appointed Attorney Printed Name

 Bar Number Telephone Number

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

JAC Date Stamp