

## Hourly Attorney's Fees Multiple Cases for Same Defendant Invoice/Voucher Cover

Attorney Name _____ (1)	Charge _____ (6)
Firm Name _____ (2)	Case Caption _____ (7)
Florida Bar Number _____ (3)	Judge _____ (8)
Tax ID Number _____ (4)	County Name _____ (9)
Invoice Number _____ (5)	Circuit Number _____ (10)

### INVOICE INFORMATION:

		Case Number	Time	Rate	Total	JAC Tracking Number
Lead Case	In-Court	(11)	(12)	(13)		(14)
	Out-of-Court					
Total Costs *		Per Detail on Invoice or Log			(15)	
<b>Lead Case Total</b>						
Second Case	In-Court					
	Out-of-Court					
<b>Second Case Total</b>						
Third Case	In-Court					
	Out-of-Court					
<b>Third Case Total</b>						
<b>Grand Total</b>						

\*Apportion Attorney Fees by case number, but apply all costs to lead case.

### (16) 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.

(17)	(18)
_____ Court-Appointed Attorney Signature (Blue Ink)	_____ Date
(19)	
_____ Court-Appointed Attorney Printed Name	
(20)	( ) (21)
_____ Bar Number	_____ Telephone Number

JAC Date Stamp

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

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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 ID 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:

<b>Criminal Conflict</b>
Death Penalty (Capital) Trial – Lead Counsel
Death Penalty (Capital) Trial – Co-Counsel
Death Penalty Appeal
Capital Life
Felony 1 <sup>st</sup> Degree, 2 <sup>nd</sup> Degree, or 3 <sup>rd</sup> Degree
Felony Appeal
Misdemeanor
Misdemeanor Appeal
Delinquency
Delinquency Appeal
Violation of Probation
Rule 3.850

7. 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.
8. Judge - Use first name, middle initial and last name.
9. County Name – Provide the county of court for the cases.
10. Circuit Number – Provide the circuit of court for the cases.
11. Case Number - Provide case number exactly as it appears on the Order of Appointment for each case with the same defendant.
12. Time – Provide the time associated with each case.
13. Rate – Supply the rate charged per hour as allowed by your circuit. If your circuit allows different rates for in-court and out-of-court, please separate the time. If your circuit does not allow for this, enter all time into the in-court box.
14. JAC Tracking Number – Do not enter a value in this field. For JAC use only.
15. Total Costs – Enter the total amount of costs associated with all cases for this defendant. **NOTE:** Apportion Attorney Fees by case number, but apply all costs to lead case.
16. Affidavit Verifying Attorney's Fees, Costs and Other Expenses – Read the verification paragraphs.
17. Court-Appointed Attorney Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
18. Date – Include date certifying invoice.
19. Attorney Printed Name - Use first name, middle initial and last name.
20. Bar Number - Provide bar number for Court-Appointed Attorney.
21. 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.