

# Refund – Defendant Acquitted or Discharged Voucher Cover INSTRUCTIONS

Defendant \_\_\_\_\_ (1)

Soc. Sec. No.: \_\_\_\_\_ (2)

Attorney \_\_\_\_\_ (3)  
(If filing on behalf of the Defendant)

Florida Bar Number \_\_\_\_\_ (4)  
(If Applicable)

Make Checks Payable to: \_\_\_\_\_ (5)

Case Number \_\_\_\_\_ (6)

Mailing Address \_\_\_\_\_ (7)  
\_\_\_\_\_  
\_\_\_\_\_

County Name \_\_\_\_\_ (8)

**Total Refund Amount** \$ \_\_\_\_\_ (9)

**SUPPORTING DOCUMENTATION TO BE ATTACHED:** (10)

- 1. Certificate of Payment of Costs from Clerk or Court**
- 2. Court Order (must indicate the defendant's right to a refund and dollar amount)**
- 3. Court documents showing defendant was acquitted or the case was dismissed**
- 4. Account summary from detention facility**

\*See section 939.06, Florida Statutes. Costs are limited to fees and costs paid by the defendant and certified by a Clerk of Court; specifically, public defender application fees, sheriff ministerial fees, clerk of court ministerial fees and subsistence charges while detained in custody.

(11) \_\_\_\_\_ (12)  
Attorney / Defendant Signature (Blue Ink) Date

(13) \_\_\_\_\_  
Attorney / Defendant Printed Name

( ) - (14) \_\_\_\_\_  
Phone Number

**Submit Completed Voucher to:**

**Justice Administrative Commission  
Court-Appointed Counsel Program  
Post Office Box 1654  
Tallahassee, FL 32302-1654** (15)

JAC Date Stamp

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

## Refund – Defendant Acquitted or Discharged Voucher Cover INSTRUCTIONS

1. Name of Defendant – Use first name, middle initial and last name if filing on your own behalf.
2. Social Security Number – Necessary for payment purposes.
3. Name of Attorney – Use first name, middle initial and last name if filing on behalf of Defendant.
4. Florida Bar Number – If applicable, supply bar number of the Attorney assigned to the case.
5. Make Checks Payable to – Enter the name of the person to whom the check should be issued.
6. Case Number - Provide court issued case number.
7. Mailing Address - Enter the mailing address where payment is to be received.
8. County Name – Enter the name of the county in which the case took place.
9. Total Refund Amount - Provide the total amount of the refund. Section 939.06, F.S., authorizes reimbursement of specific costs when a defendant is acquitted or discharged in relation to criminal charges. The Florida Supreme Court Construed this statute in Wolf v. County of Volusia, 703 So. 2d 1033 (Fla.1998) and limited reimbursement to “witness fees, sheriff expenses and clerk of court expenses.” See also Justice Administrative Commission v. Neighbors, 927 So. 2d 218, 219 (Fla. 1<sup>st</sup> DCA 2006).
10. Supporting Documentation to be Attached –
  - a. A certificate must be obtained from the Clerk of Court certifying all taxable costs paid by the Defendant.
  - b. A court Order must be signed by the Judge indicating the amount of reimbursement, subject to auditing and approval by the JAC according to law.
  - c. The Judgment of Acquittal must be an official court document showing the Defendant was acquitted or charges have been dismissed or discharged as nolle prosequi by the State Attorney’s Office.
  - d. The account summary may be obtained from the facility where the Defendant was detained, and must include a detailed breakdown of the amounts charged to the account for subsistence costs.
11. Attorney / Defendant Signature – Sign, in blue ink, on the line provided.  
**NOTE:** The signature must be original.
12. Date – Include date.
13. Attorney / Defendant Printed Name - Use first name, middle initial and last name.
14. Phone Number – Provide phone number where Attorney / Defendant can be reached.
15. Submission Information - Submit completed form to the address and employee listed here.