

**Privately Retained Attorney - Indigent for Costs  
In-State Court Reporter Attendance  
Invoice/Voucher Cover for Service Provided On or After July 1, 2010**

Name of Court Reporter \_\_\_\_\_ Invoice Number \_\_\_\_\_  
 Firm Name \_\_\_\_\_ Case Number \_\_\_\_\_  
 Vendor Tax ID Number \_\_\_\_\_ Case Caption \_\_\_\_\_  
 IFC Attorney Name \_\_\_\_\_ County & Circuit \_\_\_\_\_  
 Florida Bar Number \_\_\_\_\_

**Check if transcript has been ordered.\***

**Total Invoice Amount \$ \_\_\_\_\_**

\*The amount of appearance fees will be deducted from any bill for transcripts if the transcript was ordered at the time of deposition or within 30 days of date of deposition.

<b>Deposition Information:</b>		Service Date _____			
		Start Time _____	End Time _____		
	1 <sup>st</sup> Hour @ \$50.00/hour	Units X 1	Subtotal	\$50.00	
	Each Hour Thereafter @ \$25.00/hour	Units _____	Subtotal	\$ _____	
			<b>Total</b>	<b>\$ _____</b>	
Number of Witnesses Deposed _____					
Name of Witness(s) (if additional space is needed, please attach page): _____ _____ _____					

<b>Order Information:</b>	
<input type="checkbox"/> Transcript	<input type="checkbox"/> Expedited Reason expedited: _____

**Attendance Certification**

**Court Reporter Certification**  
 I certify that I was authorized to attend the deposition; that the amounts reflected on the invoice are true and accurate charges; and that the work in connection herewith was actually performed.

I hereby certify that the services provided by the above named court reporting firm were necessary and useful in the representation of the above named defendant who is indigent for costs. I further certify that the reported time, rate, and names of witnesses are true and accurate.

\_\_\_\_\_  
 Court Reporter Signature (Blue Ink)      Date

\_\_\_\_\_  
 Attorney OR Ordering Attorney Signature (Blue Ink)      Date

\_\_\_\_\_  
 Court Reporter Printed Name

\_\_\_\_\_  
 Attorney Printed Name

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Bar Number

\_\_\_\_\_  
 Phone Number

JAC Date Stamp

**IMPORTANT:** Original Signatures required, JAC will not accept copies or facsimiles of this form. Attendance at court hearings are paid by Court Administration.  
**NOTE:** Upon a finding by a court that a transcription is necessary, JAC will pay for original and up to 1 copy for all transcripts except appeal transcripts, where original and up to 2 copies are allowed.