

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

Name of Court Reporter _____
 Firm Name _____
 Vendor Tax ID Number _____
 IFC Attorney Name _____
 Florida Bar Number _____
 Date Transcript Ordered _____

Invoice Number _____
 Case Number _____
 Case Caption _____
 County & Circuit _____

Total Invoice Amount	\$ _____
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INVOICE INFORMATION:

Transcript Information		<input type="checkbox"/> Deposition (Name of witness) _____						
<input type="checkbox"/> Trial	<input type="checkbox"/> Other Hearings	<input type="checkbox"/> Video	Date(s) _____					
Original: \$/Page	_____	# Pages	_____	Total	\$	_____		
Copy: \$/Page	_____	# Pages	_____	# Copies	_____	Total	\$	_____
Other: \$/Page	_____	# Pages	_____	# Copies	_____	Total	\$	_____

-OR-

B. Invoice Attached

In-State Court Reporter Certification

I certify that I have / have not (circle one) billed or been paid appearance fees related to this transcript.

Amount billed or paid \$ _____

If the transcript billed above is an original, I certify that to my knowledge an original has not been previously paid by JAC or another state entity.

I certify that I was authorized to prepare all transcripts applicable to this invoice; that the amounts reflected on the invoice are true and accurate charges; and that the work in connection herewith was actually performed.

Under penalties of perjury, I declare that I have read the foregoing In-State Court Reporter Transcription Certification and that the facts stated in it are true.

 Court Reporter Signature (Blue Ink) Date

 Court Reporter Printed Name

 Phone Number

Transcript Delivery Receipt

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. I have also read and agree with the number of pages and copies provided, as stated above.

 Attorney OR Designee Signature Date
 OR Clerk of Court for Appeal Transcripts (Blue Ink)

 Printed Name

 Bar Number

 Phone Number

JAC Date Stamp

IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form. Any copies produced for the benefit of the State Attorney should be billed to the State Attorney except under contract in Broward County.