

**Privately Retained Attorney – Indigent for Costs (IFC)  
Lead Investigator Certification of Services (Including Services Provided by Class CC Investigator  
and/or Mitigation Specialist) Invoice/Voucher Cover**

Investigative Firm Name \_\_\_\_\_  
 Lead Investigator \_\_\_\_\_  
 Agency License # \_\_\_\_\_  
 Vendor Tax ID Number \_\_\_\_\_  
 IFC Attorney \_\_\_\_\_  
 Florida Bar Number \_\_\_\_\_

Invoice Number \_\_\_\_\_  
 Case Number \_\_\_\_\_  
 Case Caption \_\_\_\_\_  
 County & Circuit \_\_\_\_\_

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

**INVOICE INFORMATION:**  Order Attached

Units of Service Billed 1:	Service Date(s) _____		
A. Per hour rate for investigators with Class C License (Lead investigator) <sup>2</sup>		Unit Quantity	
		Unit Rate	\$ _____
		<b>Subtotal</b>	
B. Per hour rate for investigators with Class CC License (60% of ISC rate for Investigator with a Class C License)		Unit Quantity	
		Unit Rate	\$ _____
		<b>Subtotal</b>	
<sup>1</sup> Attach a detailed hourly statement. Please see the <i>Investigator Certification Invoice/Voucher Cover Instructions</i> and <i>JAC Policies and Procedures</i> for hourly billing requirements.		<b>Total</b>	\$ _____
<sup>2</sup> This line may be also be used by an investigator(s) with a Class MA or M license OR by a mitigation specialist who has appropriate licensure or who is a member of The Florida Bar.			
<b>Subpoena Service Information<sup>3</sup>:</b>			
Number Served _____	Cost per Subpoena _____	Total	\$ _____
Names of Individuals Served: _____			
<sup>3</sup> Attach a copy of the return of service for each person served.			
<b>Other Costs<sup>4</sup></b>			
Description(s) _____			
<sup>4</sup> Attach applicable travel voucher, other log of charges, invoices, receipts, and/or proof of payment.			<b>Other Costs Total</b> \$ _____

**Lead Investigator Certification**

I certify that the investigator(s) who performed services were licensed at the time of service and were authorized to perform all services 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.

Lead Investigator Signature (Blue Ink) \_\_\_\_\_ Date \_\_\_\_\_

Lead Investigator License Number \_\_\_\_\_

Lead Investigator Printed Name \_\_\_\_\_

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

**Attorney Certification**

I certify that the costs and services reflected on this invoice were satisfactorily performed, were necessary for the performance of my duties in the above referenced case, the amount due is accurate, transactions were in accordance with the Florida statutes and all applicable laws and rules of the State of Florida, and that under the terms of my Agreement with the Justice Administrative Commission payment is appropriate.

IFC Attorney Signature (Blue Ink) \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

JAC Date Stamp

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