

**Privately Retained Attorney - Indigent for Costs  
Mental Health Expert Certification  
Invoice/Voucher Cover**

Name of Mental Health Expert \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Vendor Tax ID Number \_\_\_\_\_  
 IFC Attorney Name \_\_\_\_\_  
 Florida Bar Number \_\_\_\_\_

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

<b>Total Invoice Amount</b>	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
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**INVOICE INFORMATION:**

**A. Units of Service Billed**

Service Date \_\_\_\_\_

Flat Rate                      Flat Rate Amount    \$

Per Hour<sup>1</sup>                       Other \_\_\_\_\_

<sup>1</sup>Experts billing hourly must attach a detailed invoice.

**Event Summary:**

In-Court	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
Out-of-Court	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
Costs & Expenses <sup>2</sup>	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
Other	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>

<sup>2</sup>Must attach a travel voucher or other detailed Log of Charges.

**-OR-**

**B.  Invoice Attached**

**Mental Health Expert Certification**

I certify that the amounts reflected on the invoice are true and accurate charges; and that the work in connection herewith was actually performed.

\_\_\_\_\_  
 Mental Health Expert Signature (Blue Ink)                      Date

\_\_\_\_\_  
 Mental Health Expert Printed Name

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

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

**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.

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

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

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

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

JAC Date Stamp