

**Privately Retained Attorney - Indigent for Costs
Out-of-State Court Reporter Transcription Certification
Invoice/Voucher Cover**

Name of Court Reporter 1 _____
 Firm Name 2 _____
 Vendor Tax ID Number 3 _____
 IFC Attorney Name 4 _____
 Florida Bar Number 5 _____

Invoice Number 6 _____
 Case Number 7 _____
 Case Caption 8 _____
 County & Circuit 9 _____

Total Invoice Amount	\$ <u>10</u>
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11

INVOICE INFORMATION:

A. Transcript Information

Trial Other Hearings Video Deposition (Name)

Date(s) -

Original:	\$/Page		# Pages		Total	\$
Copy:	\$/Page		# Pages	# Copies	Total	\$
Other:	\$/Page		# Pages	# Copies	Total	\$

-OR-

B. Invoice Attached

12 **Out-of-State Court Reporter Certification**

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.

13 _____ 14 _____
 Court Reporter Signature (Blue Ink) Date
15 _____
 Court Reporter Printed Name
16 _____
 Phone Number

17 **Attorney Receipt and Certification**

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

18 _____ 19 _____
 Attorney Signature (Blue Ink) Date
 OR Clerk of Court for Appeal Transcripts
20 _____
 Attorney Printed Name
21 _____
 Bar Number
22 _____
 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.

Privately Retained Attorney - Indigent for Costs

1. Name of Court Reporter – Use first name, middle initial and last name.
2. Firm Name
3. Vendor Tax Identification Number - Supply Tax ID Number of Court Reporter or Firm. If you do not have a Tax Identification Number, please enter your social security number. **NOTE:** Payment cannot be processed without this information.
4. IFC Attorney Name – Use first name, middle initial and last name.
5. Florida Bar Number – Supply bar number of the Attorney.
6. Invoice Number – Invoice tracking number generated by reporting firm.
7. Case Number - Provide court issued case number for which the transcription was ordered. If a deposition is utilized in multiple cases for the same defendant, enter the lowest of the case numbers.
8. Case Caption – Give style of the case, i.e., "State of Florida vs. John Brown" or "In the Interest of J.B." in Dependency cases using only the first and last initials.
9. County & Circuit – Provide both the county and circuit of court.
10. Total Invoice Amount - Provide the total amount billed for this invoice.
11. Invoice Information – Use either section A or section B. If you are using this form in lieu of an invoice, complete part A only. If you are using this form as a voucher cover only, complete part B only.

A. Transcript Information Boxes – Check the appropriate type of activity. If deposition, provide the name of each deponent, using first name, middle initial and last name. Supply date(s) of deposition/hearing.

- Original - Enter the Billing Rate per page, the Number of Pages, and the Total Dollar Amount.
- Copy - Enter the Billing Rate per page, the Number of Pages, the Number of Transcript Copies, and the Total Dollar Amount.
- Other (Exhibits/Attachments) - Enter the Billing Rate per page, the Number of Pages, the Number of Transcript Copies, and the Total Dollar Amount.

Example: John Smith, Attorney for client who is indigent for costs, requests the services of Example Court Reporting for transcription of the trial hearing of the State of Florida vs. Jane Doe. Mr. Smith subsequently orders, one original and 3 copies of the trial transcript. The transcript is 65 pages in length and also includes 10 pages of exhibits. The circuit in which John Smith practices set rates at the following: Original \$3.25 per page, Copy \$1.50 per page, and exhibits \$0.30 per page. The Transcript Information Boxes would be filled out as follows:

<input checked="" type="checkbox"/>	Trial	<input type="checkbox"/>	Other Hearings	<input type="checkbox"/>	Video	<input type="checkbox"/>	Deposition (Name) _____
Date(s) ___/___/___							
Original: \$/ Page	3.25	# Pages	65			Total	\$ 211.25
Copy: \$/ Page	1.50	# Pages	65	# Copies	3	Total	\$ 292.50
Other: \$/ Page	0.30	# Pages	10	# Copies	1	Total	\$ 3.00

- B. Invoice Attached -** If you are using this document only as a voucher cover, not as an invoice, then check the "See Attached Invoice" box and attach your invoice. The invoice must contain all of the information requested in part A. If you are using this document as both a voucher cover and invoice, then leave this box blank.
12. Out of State Court Reporter Certification Paragraphs – Signing this document affirms understanding of and agreement to this statement.
 13. Court Reporter Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original and must be signed by the individual who took the transcription.
 14. Date – Include date certifying invoice.
 15. Court Reporter Printed Name - Use first name, middle initial and last name.
 16. Phone Number – Provide phone number where court reporter can be reached.
 17. Transcript Delivery Receipt – Certifies the number of pages and copies received.
 18. The Court-Appointed Attorney, or designee, should sign in blue ink.
 19. Date – Include the date of receipt.
 20. Print name of attorney or designee who received the transcripts.
 21. Print bar number of Court-Appointed Attorney, or designee, if applicable.
 22. Provide a phone number where Court-Appointed Attorney, or designee, can be reached.

All services are subject to audit and the Justice Administrative Commission reserves the right to offset an over-billing against subsequent payment requests.