

**Pro Se
In-State Court Reporter Transcription Certification
Invoice/Voucher Cover**

Name of Court Reporter 1 _____
 Firm Name _____ 2 _____
 Tax ID Number _____ 3 _____
 Individual Ordering Transcript(s) _____ 4 _____
10 Court Order Authorizing: Attached

Invoice Number 5 _____
 Case Number _____ 6 _____
 Case Caption _____ 7 _____
 County & Circuit _____ 8 _____
 Judge Name _____ 9 _____

| | |
|-----------------------------|--------------|
| Total Invoice Amount | \$ <u>11</u> |
|-----------------------------|--------------|

INVOICE INFORMATION:

Transcript Information

Trial Other Hearings Video Deposition (Name)

Date(s)

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

13 **In-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.

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.

14 _____ 15 _____
 Court Reporter Signature (Blue Ink) Date

16 _____
 Court Reporter Printed Name

17 _____
 Phone Number

18 **Transcript Delivery Receipt**

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

 Clerk of Court Signature (Blue Ink) Date

 Clerk of Court Printed Name

 Address

 Phone Number

JAC Date Stamp

**IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.
 Rates set by the local Indigent Services Committee for due process services must be applied.**

1. Name of Court Reporter – Use first name, middle initial and last name.
2. Firm Name
3. 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. Individual Ordering Transcript(s) – Use first name, middle initial and last name.
5. Invoice Number – Invoice tracking number generated by reporting firm.
6. 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.
7. 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.
8. County & Circuit – Provide both the county and circuit of court.
9. Judge Name – Provide the name of the Judge presiding over the case.
10. Court Order Authorizing – Check box indicating court order authorizing expenditure is attached.
11. Total Invoice Amount - Provide the total amount billed for this invoice.
12. 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.

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 |
| Other: \$/ Page | 0.30 | # Pages | 10 | # Copies | 1 |
| | | | | Total | \$ 3.00 |

13. Certification Paragraphs – Signing this document affirms understanding of and agreement to this statement under penalty of perjury.
14. 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.
15. Date – Include date certifying invoice.
16. Court Reporter Printed Name - Use first name, middle initial and last name.
17. Phone Number – Provide phone number where court reporter can be reached.
18. Transcript Delivery Receipt – The Clerk of Court, or designee, should sign in blue ink, date, print name, address and provide a phone number.

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