

**Pro Se  
In-State Court Reporter Attendance  
Invoice/Voucher Cover for Services Provided On or After July 1, 2010**

Name of Court Reporter \_\_\_\_\_ Invoice Number \_\_\_\_\_

Firm Name \_\_\_\_\_ Case Number \_\_\_\_\_

Tax ID Number \_\_\_\_\_ Case Caption \_\_\_\_\_

Individual Ordering Transcripts \_\_\_\_\_ County & Circuit \_\_\_\_\_

Judge Name \_\_\_\_\_

**Check if transcript has been ordered.\***

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

\*The amount of appearance fees will be deducted from any bill for transcripts if the transcript was ordered at the time of the deposition or within 30 days of date of deposition.

<b>Deposition Information:</b>	Service Date _____ Start Time _____ : End Time _____
1 <sup>st</sup> Hour @ \$50.00/hour	Units X 1      Subtotal      \$50.00
Each Hour Thereafter @ \$25.00/hour	Units _____      Subtotal      \$ _____
	<b>Total</b> \$ _____
Number of Witnesses Deposited _____	
Name of Witness(s) (if additional space is needed, please attach page): _____ _____	

<b>Order Information:</b>		
<input type="checkbox"/> Transcript	<input type="checkbox"/> Expedited	Reason expedited: _____

<p style="text-align: center;"><b>Court Reporter Certification</b></p> <p>I certify that I was authorized to attend the deposition; that the amounts reflected on the invoice are true and accurate charges; and that the work in connection herewith was actually performed.</p> <p>_____ Court Reporter Signature (Blue Ink)      Date</p> <p>_____ Court Reporter Printed Name</p> <p>_____ Phone Number</p>	<p style="text-align: center;"><b>Attendance Certification</b></p> <p>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 for costs. I further certify that the reported time, rate, and names of witnesses are true and accurate.</p> <p>_____ Signature of Pro Se Individual      Date</p> <p>_____ Pro Se Individual's Printed Name</p> <p>_____ Address</p> <p>_____ Phone Number</p> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px; text-align: center;">             JAC Date Stamp         </div>
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**IMPORTANT:** Original Signatures required, JAC will not accept copies or facsimiles of this form.  
Attendance at court hearings are paid by Court Administration.  
**NOTE:** Upon a finding by a court that a transcription is necessary, JAC will pay for original and up to 1 copy for all transcripts except appeal transcripts, where original and up to 2 copies are allowed.