Pro Se
Mental Health Expert Certification
Invoice/Voucher Cover

Name of Mental Health Expert _____

Firm Name _____

Vendor Tax ID Number _____

Court Order Authorizing: ☐ Attached

Invoice Number _____

Case Number _____

Case Caption _____

County & Circuit _____

Judge Name _____

Total Invoice Amount	$

INVOICE INFORMATION:

A. Units of Service Billed Service Date _____

☐ Flat Rate Flat Rate Amount $

☐ Per Hour[1] ☐ Other _____

[1]Experts billing hourly must attach a detailed invoice.

Event Summary:

In-Court	$
Out-of-Court	$
Costs & Expenses[2]	$
Other	$

[2]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. Rates set by the local Indigent Services Committee for due process services must be applied.

Pro Se 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 payment is appropriate.

_____

Pro Se Signature (Blue Ink) Date

_____

Pro Se Printed Name

_____

Address

_____

Phone Number

JAC Date Stamp

Pro Se