



How to Approve a Due Process Bill and complete a Title IV-E Children Reporting Form in MyJAC

Beginning July 1, 2022, JAC is required to collect the information requested in the Title IV-E Children Reporting Form to process dependency due process vendor bills for payment. This check list has been developed to assist the court-appointed dependency attorney with this new process. In order to approve a JAC Dependency Due Process Vendor bill:

1. Login to [MyJAC](#) with your User ID and Password.
2. Select Due Process Billing Packet Approval on the left side menu bar.



3. Select the dependency case number.
4. Add or edit the information under the Child Information for Title IV-E Purposes heading. **The Child Information you enter should be the child/children of your client only.**

CHILD INFORMATION FOR TITLE IV-E PURPOSES

Please see below the children associated with prior billing. Click on the Select button to auto-populate the children for the current billing.

Last Name	First Name	Date of Birth	Current Placement:
ED	TEST	08/21/2019	In Home Placement

[Select](#)

(*Please click the Add Entry button to add each child involved in the case.)

Last Name:
*No suffix or middle initials

First Name:
*No suffix or middle initials

Birth Date:
Date Format: MM/DD/YYYY

Current Placement:

[Add Entry](#) [Reset](#)




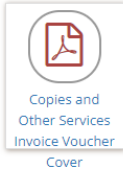
JUSTICE ADMINISTRATIVE COMMISSION



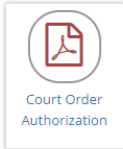
5. Review the billing documentation carefully and check the box stating you have reviewed the documentation.
6. Check the certification and complete the signature.

Billing Documentation for Review

PLEASE REVIEW THE SUPPORTING DOCUMENTATION (MUST REVIEW VOUCHERS) - All documents are either PDF  or TIFF  file format.



Copies and
Other Services
Invoice Voucher
Cover



Court Order
Authorization

I have reviewed the JAC Invoice and all supporting documentation.

ATTORNEY SIGNATURE CERTIFICATION

- I certify that I am the attorney representing the defendant in this matter.
- I certify that I have been directed and authorized to approve this billing on behalf of the attorney representing the defendant in this matter.

Attorney or Representative Signature

DO NOT USE INITIALS

IMPORTANT: Please read and agree to the [Attorney Billing Certification \(Approval or Rejection\)](#)

7. Approve if all information submitted is true, complete, and accurate. If not, reject the bill.