



THE STATE OF FLORIDA
JUSTICE ADMINISTRATIVE COMMISSION

227 North Bronough Street, Suite 2100
Tallahassee, Florida 32301



Alton L. "Rip" Colvin, Jr.
Executive Director

(850) 488-2415
FAX (850) 488-8944

www.justiceadmin.org

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**Instructions and Guide on Title IV-E and TPR Certification Forms
Improvements in MyJAC**

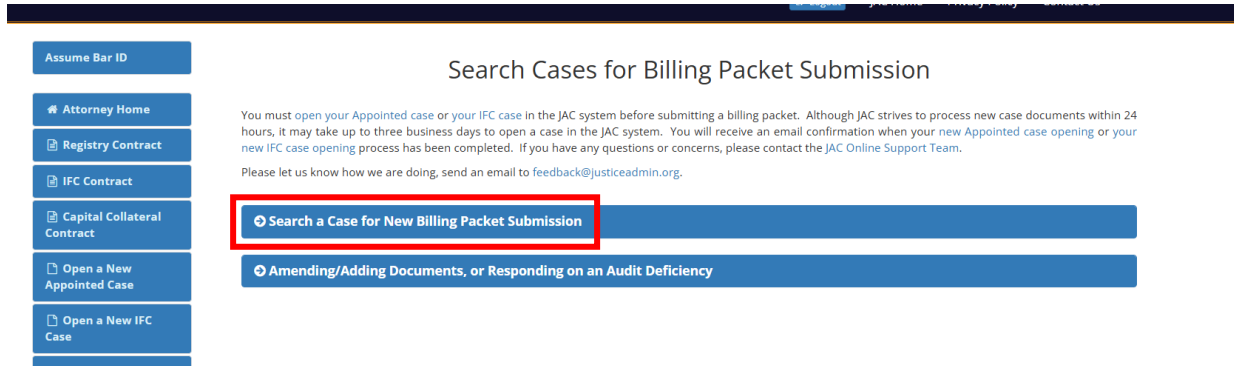
TITLE IV-E FORM and MyJAC Portal Improvement

This improvement will allow Attorneys the ability to edit the children already listed on the case and will allow easier entry and/or editing of the children required for the Form. This will eliminate billing packets being entirely rejected and requiring resubmission. Given this, JAC will issue Audit Deficiency Notices for incorrect forms, instead of a Rejection Notice. This process will begin on April 7, 2026.

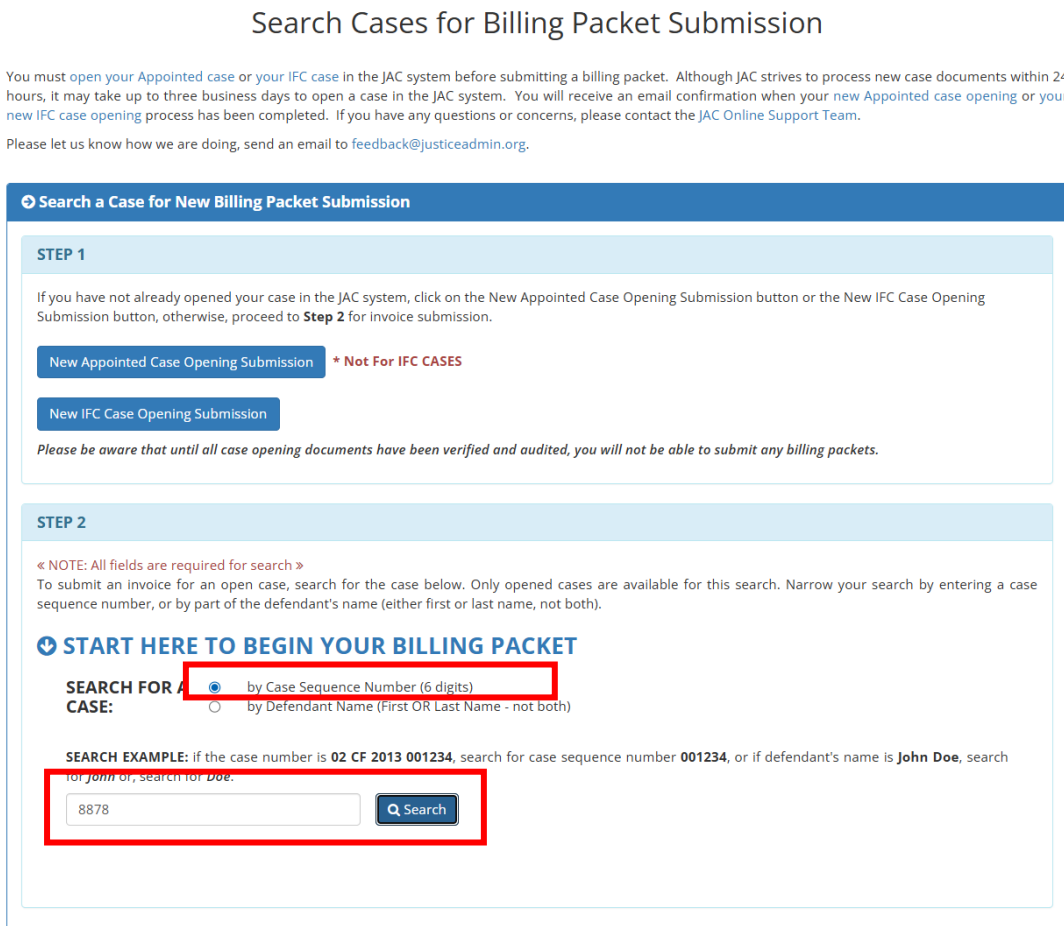
**Termination of Parental Rights (TPR) Certification Form and MyJAC
Portal Improvement**

Submission of the TPR Certification form is required on all TPR cases that have reached final disposition, whether the TPR Petition was granted **or** dismissed/denied. Attorneys will now complete the TPR Certification during invoice submission, instead of uploading a separate document. This will eliminate the additional time and effort to upload a separate document. Moreover, this will ensure the required information is received during the billing process eliminating the need for an Audit Deficiency Notice.

1. Sign in to your MyJAC Portal.
2. Click on Attorney Billing Packet Submission.
3. Click Search a Case for New Billing Packet Submission.



4. Search for the case using the sequence number or parent name.
5. Click on the case number for the case.



STEP 2

« NOTE: All fields are required for search »

To submit an invoice for an open case, search for the case below. Only opened cases are available for this search. Narrow your search by entering a case sequence number, or by part of the defendant's name (either first or last name, not both).

START HERE TO BEGIN YOUR BILLING PACKET

SEARCH FOR A CASE: by Case Sequence Number (6 digits)
 by Defendant Name (First OR Last Name - not both)

SEARCH EXAMPLE: if the case number is **02 CF 2013 001234**, search for case sequence number **001234**, or if defendant's name is **John Doe**, search for **John** or, search for **Doe**.

STEP 3 Select a case number in the view below to submit your invoice and supporting documents for the selected case.

Case Num	Defendant	Description	Order of Appointment	Charging Document
37 DP 2025 008878 TPR 0000 X0	TT BEAU CEEFOUS	TPR (Ch. 39, F.S.)	12/30/2025	Entered

- To submit a new billing packet, click Submit a New Billing Packet for This Case. To respond to an Audit Deficiency Notice, click Amend/Adding Documents, or Responding on an Audit Deficiency to an Existing Billing Packet and select the JAC Tracking #.

Case Details for Billing Packet Submission

Case Detail	Documentation Status
Case Number 37 DP 2025 008878 TPR 0000 X0	Order of Appointment Entered
Description TPR (Ch. 39, F.S.)	
Defendant Last BEAU CEEFOUS	
Defendant First TT	

NOTE: Chapter 39 cases including Dependency & TPR do not require a Charging Document for Due Process vendors to be paid.

STEP 4 Submit Billing Packet Documents for this Case Only

Input your invoice number (no larger than 9 characters), select a billing type, and submit supporting documents for this case below. Billing forms can be obtained on the Court-Appointed (CAC) Forms & Rates page on the JAC website. All documents are required and must be either PDF or TIFF file format. Total file size for each submission should not be over 20 MB (megabytes) for all documents. You may add additional documentation by returning to the invoice submission and amending it. Refer to our Guidelines for additional information.

NEW: JAC Invoices have been phased into online invoice billing submission. It is no longer necessary to download and scan a completed JAC Invoice for the submission.

[Online Billing Packet Submission Begins Here](#)

! Our records indicate you may not have a valid contract with JAC, or your contract may not be registered with the Circuit. If you have not executed a JAC Contract, please go to our Registry Contracts page and submit a new JAC Contract; also contact the Circuit (Circuit Registry Contact List PDF) to ensure you are included in their registry.

[Submit a New Billing Packet for This Case \(also for attorney reimbursement\)](#)

[Amending/Adding Documents, or Responding on an Audit Deficiency to an Existing Billing Packet for This Case.](#)

7. Enter the invoice number, disposition date, and flat fee.

STEP 4 Submit Billing Packet Documents for this Case Only

Important:
JAC Invoices have been phased into online billing packets. It is no longer necessary to download and scan a completed JAC Invoice for the submission.
[Online Billing Packet Submission Begins Here](#)

Check if you are overriding the Tax ID:

! Our records indicate you may not have a valid contract with JAC, or your contract may not be registered with the Circuit. If you have not executed a JAC Contract, please go to our Registry Contracts page and submit a new JAC Contract; also contact the Circuit (Circuit Registry Contact List PDF) to ensure you are included in their registry.

Check if you are seeking REIMBURSEMENT ONLY.

JAC INVOICE - ATTORNEY FLAT FEE, COSTS, OR RELATED EXPENSES/ATTORNEY REIMBURSEMENT
[Flat Fee Rate Charts List](#)

Asterisk * indicates required field.

? INVOICE NUMBER: * **?** DISPOSITION DATE: SEE ATTACHED DISPOSITION GUIDE *

FLAT FEE: **?** TRAVEL EXPENSES/MILEAGE: **OTHER REIMBURSEMENT EXPENSES:**

Format as number: i.e. 12300.45 Format as number: i.e. 12300.45 Format as number: i.e. 12300.45

! This is a TPR case. Please submit a TPR certification form if applicable.

8. For the TPR Certification Form, you will select the radio button for **EITHER** The Petition for Termination of Parental Rights was denied or dismissed **OR** The Petition for Termination of Parental Rights was granted. If you select that the Petition was denied or dismissed, no other radio buttons will appear (See Screenshot A below). If you select that the Petition was granted, then the remaining required information for the Certification will appear. Select the accurate remaining two radio buttons (See Screenshot B below).

A. Screenshot A.

JAC INVOICE - ATTORNEY FLAT FEE, COSTS, OR RELATED EXPENSES/ATTORNEY REIMBURSEMENT
[Flat Fee Rate Charts List](#)

Asterisk * indicates required field.

? INVOICE NUMBER: * **?** DISPOSITION DATE: SEE ATTACHED DISPOSITION GUIDE *

FLAT FEE: **?** TRAVEL EXPENSES/MILEAGE: **OTHER REIMBURSEMENT EXPENSES:**

Format as number: i.e. 12300.45 Format as number: i.e. 12300.45 Format as number: i.e. 12300.45

! This is a TPR case. Please submit a TPR certification form if applicable.

TPR CERTIFICATION

Pursuant to s. 27.5304(6)(b)(1)(a) and (b), F.S., I hereby certify the following:

The Petition for Termination of Parental Rights was denied or dismissed.

The Petition for Termination of Parental Rights was granted.

B. Screenshot B.

JAC INVOICE - ATTORNEY FLAT FEE, COSTS, OR RELATED EXPENSES/ATTORNEY REIMBURSEMENT
Flat Fee Rate Charts List

Asterisk * indicates required field.

INVOICE NUMBER: *
CERTTEST3

DISPOSITION DATE: SEE ATTACHED DISPOSITION GUIDE *
03/17/2026

FLAT FEE:
\$ 1800.00
Format as number: i.e. 12300.45

TRAVEL EXPENSES/MILEAGE:
\$ 0.00
Format as number: i.e. 12300.45

OTHER REIMBURSEMENT EXPENSES:
\$ 0.00
Format as number: i.e. 12300.45

This is a TPR case. Please submit a TPR certification form if applicable.

TPR CERTIFICATION

Pursuant to s. 27.5304(6)(b)(1)(a) and (b), F.S., I hereby certify the following:

- The Petition for Termination of Parental Rights was denied or dismissed.
- The Petition for Termination of Parental Rights was granted.

If the Petition for Termination of Parental Rights was granted then I further certify the following:

A. Contact with parent(s)

- I have been unable to contact the parent(s). I have made diligent efforts to locate the parent(s).
- I have discussed grounds for appeal with the parent(s).

B. Appeal

- No appeal will be filed.
- A notice of appeal and a motion for appointment of appellate counsel containing the signature of the parent have been filed.

9. Choose the radio button certifying you were the only Court-Appointed Attorney or select that there were multiple Court-Appointed Attorneys, if applicable.

10. If you are submitting a new invoice for the first-year payment, you **will** enter the children's information for the Title IV-E Form.

11. If you are responding to an Audit Deficiency or submitting a subsequent year payment, you will be able to select the children **already listed** on the case. After clicking Select, you will update the Current Placement and Hearing Type by selecting the correct option from the drop down, and the Hearing Date by selecting the correct date using the pop-up calendar.

* Selection of Single or Multiple Attorney(s) is required.

- SINGLE COURT-APPOINTED ATTORNEY:
I affirm that I was the only private attorney that was court-appointed to provide representation to the client in the matter identified above.
- MULTIPLE COURT-APPOINTED ATTORNEYS:
I affirm that I was not the only private attorney that was court-appointed to provide representation to the client in the matter identified above. At some point in time, the following private attorneys were previously, simultaneously or subsequently court-appointed:

CHILD INFORMATION FOR TITLE IV-E FORM

Please see below the children associated with prior billing. Click on the Select button to auto-populate the children for the current billing. Only children selected and/or entered below will be included on the TITLE IV-E Form.

Last Name	First Name	Date of Birth	Current Placement:	
CEEFOUS	BEN	01/05/2015	Licensed Foster Case Placement	Select
CEEFOUS	SAM	07/28/2010	Licensed Foster Case Placement	Select

(*Only children selected above and/or entered below will be included on the TITLE IV-E Form. The child information must match the Petition, or an Order Changing the Case Style, or the Birth Certificate. For examples and reference guide click here: [Petition](#) or [Title IV-E Guide](#))

Last Name: First Name: Birth Date: Current Placement: Hearing Type: Hearing Date:



12. **For the Title-IV E Form**, to edit a child's information, click Select next to the child's name. An edit and delete button will appear. Once you click edit, you will be able to edit the last name, first name, birth date, current placement, hearing type, and hearing date. After you have made your edits, click update. Please review and ensure it is accurate to prevent an Audit Deficiency Notice.
13. In the screenshots below, both Ben and Sam have been added to the Title IV-E form. After both children were added, the hearing date for both children was edited using the Edit button.

CHILD INFORMATION FOR TITLE IV-E FORM

(*Only children selected above and/or entered below will be included on the TITLE IV-E Form. The child information must match the Petition, or an Order Changing the Case Style, or the Birth Certificate. For examples and reference guide click here: [Petition](#) or [Title IV-E Guide](#))

Last Name: <input type="text"/> <small>*No suffix or middle initials</small>	First Name: <input type="text"/> <small>*No suffix or middle initials</small>	Birth Date: Format: IV <small>Date Format: MM/DD/YYYY</small>	Current Placement: -SELECT-	Hearing Type: -Select-	Hearing Date: Format: IV <small>*Must match the disposition document. Date Format: MM/DD/YYYY</small>
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Add Entry **Reset**

Children being reported for the current billing

Last Name	First Name	Birth Date	Current Placement	Hearing Type	Hearing Date	Action
CEEFOUS	BEN	1/5/2015	Licensed Foster Case Placement	Termination of Parental Rights	3/17/2025	Edit Delete
CEEFOUS	SAM	7/28/2010	Licensed Foster Case Placement	Termination of Parental Rights	3/17/2025	Edit Delete

IMPORTANT: I hereby certify that I have accurately reported all children involved in the current billing and the of all of my client's children involved in this case.

CHILD INFORMATION FOR TITLE IV-E FORM

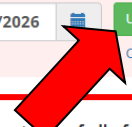
(*Only children selected above and/or entered below will be included on the TITLE IV-E Form. The child information must match the Petition, or an Order Changing the Case Style, or the Birth Certificate. For examples and reference guide click here: [Petition](#) or [Title IV-E Guide](#))

Last Name: <input type="text"/> <small>*No suffix or middle initials</small>	First Name: <input type="text"/> <small>*No suffix or middle initials</small>	Birth Date: <input type="text"/> Format: M <small>Date Format: MM/DD/YYYY</small>	Current Placement: <input type="text" value="-SELECT-"/>	Hearing Type: <input type="text" value="-Select-"/>	Hearing Date: <input type="text"/> Format: M <small>*Must match the disposition document. Date Format: MM/DD/YYYY</small>
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Children being reported for the current billing

Last Name	First Name	Birth Date	Current Placement	Hearing Type	Hearing Date	Action
CEEFOUS	BEN	01/05/2015	Licensed Foster Case Placement	Termination of Parental Rights	03/17/2026	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

<input type="text" value="CEEFOUS"/>	<input type="text" value="SAM"/>	<input type="text" value="07/28/2010"/>	<input type="text" value="Licensed Foster"/>	<input type="text" value="Termination of P"/>	<input type="text" value="03/17/2026"/>	<input type="button" value="Update"/> <input type="button" value="Cancel"/>
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IMPORTANT: I hereby certify that I have accurately reported all children involved in the current billing and the status of all of my client's children involved in this case.

CHILD INFORMATION FOR TITLE IV-E FORM

(*Only children selected above and/or entered below will be included on the TITLE IV-E Form. The child information must match the Petition, or an Order Changing the Case Style, or the Birth Certificate. For examples and reference guide click here: [Petition](#) or [Title IV-E Guide](#))

Last Name: <input type="text"/> <small>*No suffix or middle initials</small>	First Name: <input type="text"/> <small>*No suffix or middle initials</small>	Birth Date: <input type="text"/> Format: M <small>Date Format: MM/DD/YYYY</small>	Current Placement: <input type="text" value="-SELECT-"/>	Hearing Type: <input type="text" value="-Select-"/>	Hearing Date: <input type="text"/> Format: M <small>*Must match the disposition document. Date Format: MM/DD/YYYY</small>
---	--	--	--	---	--

Children being reported for the current billing

Last Name	First Name	Birth Date	Current Placement	Hearing Type	Hearing Date	Action
CEEFOUS	BEN	1/5/2015	Licensed Foster Case Placement	Termination of Parental Rights	3/12/2026	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
CEEFOUS	SAM	7/28/2010	Licensed Foster Case Placement	Termination of Parental Rights	3/12/2026	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

IMPORTANT: I hereby certify that I have accurately reported all children involved in the current billing and the status of all of my client's children involved in this case.

14. Please ensure that all children required on the form are listed and all the information is correct. Then click the check box to certify the information is accurate.
15. Continue the billing packet submission by completing the signature block and uploading the Disposition Document from your computer folder(s). You can preview your draft JAC invoice by clicking *Preview Draft JAC Invoice*. This will download a draft copy of the billing packet to your computer. Here, you can review the Title IV-E Form and the TPR Certification to ensure that both are accurate.

Attorney Certification and Preview Draft *Required

I certify that I am the attorney appointed in this matter.
 I certify that I have been directed and authorized to file this billing on behalf of the attorney appointed in this matter.

ATTORNEY OR REPRESENTATIVE SIGNATURE:

DO NOT USE INITIALS

SUPPORTING DOCUMENTATION

UPLOAD DOCUMENT FILES ? Submit each document into its appropriately labeled upload field.

IMPORTANT: When submitting online documents, please submit them as separate files, i.e., the Order of Appointment should be submitted separately from the Charging document. Do not create separate files for each page of the document. Please submit each document file in the appropriately named upload field textbox, or payment may be delayed.

test.pdf
test.pdf File Size: 20.25KB

Choose File:

Choose File:

Choose File:

16. Click JAC Online Billing Certification. This will show a pop up for the JAC Online Billing Certification. Review the certification and click **I Agree** if everything is accurate and true.
17. Click Submit Billing Packet to complete the billing packet submission process.

JAC Online Billing Certification

I certify that the attorney's fees, costs or related expenses for which I am billing the Justice Administrative Commission of the State of Florida are fair, true, accurate, reasonable, and necessary. I affirm that I have read s. 29.007, F.S., and have not recovered or attempted to recover, either for myself or for anyone else, from the State of Florida any funds for costs or expenses which were not fair, true, accurate, reasonable, and necessary in the preparation of the above entitled action. I affirm that this Certification is applicable to all invoices and certifications for fees, costs, and expenses submitted by me to the Justice Administrative Commission at any time in the above entitled action. I affirm that I have not received payment from any other source in relation to the compensation listed above. I certify that the above transactions were authorized, obtained, and conducted in accordance with all applicable laws, and rules of the State of Florida.