# Application for Certification of Costs

Attorney Name _____ Charge _____

Firm Name _____ Case Number(s) _____

Florida Bar Number _____ Case Caption _____

County & Circuit _____

Case Type: ☐ Civil ☐ Criminal Conflict ☐ Dependency

Check One: Indigent for Costs ☐ **OR** Court Appointed ☐

I hereby acknowledge that the information contained in a certification of costs will be based on business records of the Justice Administrative Commission (JAC) as of date JAC issues the certificate. The information is subject to change upon receipt of additional invoices, amendments or changes to invoices, withdrawal of invoices, or rejection of invoices. I further acknowledge that I am personally responsible for verifying that all invoices and billings related to the above-cited case(s) are included in the accounting provided to the court including any invoices that JAC may not have received or docketed as of the date JAC issued its certificate of costs. The certification of costs does not include any costs related to the court, clerk of court, of sheriff for which prepayment was waived pursuant to section 57.081, F.S.

The compilation of information contained in the certificate of costs will be based upon data, invoices and other documents kept and maintained in the ordinary scope of JAC's business. The compilation will be based upon current data received and docketed by JAC as of the date the certificate is issued. This certificate of costs is generated as an official report based on JAC's current business records to establish the amount paid or potentially payable by the State of Florida through JAC in relation to the above cited case(s).

_____

Attorney Signature Date

_____

Attorney Printed Name

_____

Florida Bar Number Telephone Number

Please submit to: pleadings@justiceadmin.org.

JAC Date Stamp