

JAC Invoice - Attorney Flat Fee, Costs, or Related Expenses/Attorney Reimbursement

FLT-0814

Attorney Name: <input style="width: 90%;" type="text"/> <small>(as indicated in Order of Appointment)</small>	Invoice Number: <input style="width: 90%;" type="text"/> <small>(MAX 9 characters)</small>
Florida Bar Number: <input style="width: 90%;" type="text"/>	Case Number: <input style="width: 90%;" type="text"/>
Federal Employer Identification Number: <input style="width: 90%;" type="text"/> <small>(MUST match ID on Substitute Form W-9 and JAC Contract)</small>	Select County... <input style="width: 80%;" type="text"/> County and Circuit
Reimbursement <input type="checkbox"/> Privately Retained <input type="checkbox"/> Court Appointed	Defendant/Client Name: <input style="width: 90%;" type="text"/>
Case Category: Criminal Conflict Civil <input type="radio"/> Trial <input type="radio"/> Dependency <input type="radio"/> Appellate <input type="radio"/> TPR <input type="radio"/> Post Conviction <input type="radio"/> Other Civil	Disposition Date: <input style="width: 90%;" type="text"/> <small>(format MM/DD/YYYY)</small>
Total Invoice Amount: <small>(automatically calculated as form is completed)</small>	

Case Type:

FLAT FEE: (Determined by Case Type)
 Intended hourly billings MUST use Attorney Hourly/Extraordinary Fees, Costs, or Related Expenses Invoice.
 By signing below, I affirm that the matter identified above has reached final disposition or a billable point and that I was the attorney of record at time of final disposition or at billable point for the matter identified above.

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TRAVEL EXPENSES/MILEAGE:
 A properly completed [DFS Travel Voucher](#) MUST BE ATTACHED. Mileage may be billed only when the destination is in excess of 50 miles (one-way) from attorney's office. Any one-way trip that exceeds 50 miles must be supported by documentation.
 The [DOT Mileage Calculator](#) MUST BE USED, when cities are listed therein. If not listed, other documentation may be used.

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OTHER REIMBURSEMENT EXPENSES: (invoice/receipt, court order, and proof of payment MUST BE ATTACHED)
 Service Date: Specify Other:

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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:

Pursuant to s. 27.5304(11), F.S., an appointed private attorney that withdraws prior to full performance of all duties through completion of the case is not entitled to payment of the full flat fee. If withdrawal is permitted, and another private attorney is subsequently appointed, total compensation for any and all appointed private attorneys having served on the case may not exceed the flat fee established under s. 27.5304, F.S., and the General Appropriations Act.

<<<This section MUST be completed if billing for attorney fees. If this section is not completed, billing may be rejected.>>>

Attorney Certification

I certify that the attorney's fees listed above 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, statutes and rules of the State of Florida.

Under penalty of perjury, I do hereby attest that I have read the foregoing Attorney Flat Fees, Costs, or Related Expenses/Attorney Reimbursement Invoice, and that all facts, information and statements supplied above, as well as all submitted and provided supporting documentation attached hereto are fair, true and accurate to the best of my knowledge.

Attorney Signature (**Blue Ink Only**) _____ Date MM/DD/YYYY _____

Attorney Printed Name / Florida Bar Number _____

ORIGINAL SIGNATURE REQUIRED
JAC WILL NOT ACCEPT COPIES OR FACSIMILES OF THIS FORM

JAC DOC STAMP

JAC Date Stamp

JAC APPROVAL

AUDIT NOTES