

JAC Invoice - Attorney Hourly/Extraordinary Fees, Costs, or Related Expenses

EXT-0814

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|---|---|
| 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: 80%;" type="text"/> <input type="checkbox"/> Multiple Cases |
| 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: 90%;" type="text"/> County and Circuit |
| Case Category: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <u>Criminal Conflict</u> <input type="radio"/> Trial <input type="radio"/> Appellate <input type="radio"/> Post Conviction </div> <div style="text-align: center;"> <u>Civil</u> <input type="radio"/> Dependency <input type="radio"/> TPR <input type="radio"/> Other Civil </div> </div> | Defendant/Client Name: <input style="width: 90%;" type="text"/> Disposition Date: <input style="width: 90%;" type="text"/> <small>(format MM/DD/YYYY)</small> |
| Case Type: <input style="width: 90%;" type="text"/> | Total Invoice Amount: <small>(automatically calculated as form is completed)</small> |

INVOICE INFORMATION: For cases involving multiple case numbers, the JAC Multi-Case Addendum listing all case numbers MUST be attached. 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. Interim Billing

| | | | |
|---------------|--|---|----|
| IN-COURT: | Hours (in tenths) <input style="width: 40%;" type="text"/> | Hourly Rate \$ <input style="width: 40%;" type="text"/> | \$ |
| OUT-OF-COURT: | Hours (in tenths) <input style="width: 40%;" type="text"/> | Hourly Rate \$ <input style="width: 40%;" type="text"/> | \$ |

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.

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

\$

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:

| | | | |
|--|--|--|--|
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
|--|--|--|--|

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.>>>

-----ATTACH DETAILED IN-COURT AND OUT-OF-COURT INVOICES-----

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|--|---|
| <p style="text-align: center;">Attorney Certification</p> <p>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.</p> <p>Under penalty of perjury, I do hereby attest that I have read the foregoing Attorney Hourly/Extraordinary Fees, Costs, or Related Expenses 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.</p> | <p style="text-align: center;"><u>JAC DOC STAMP</u></p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div> |
| Attorney Signature (Blue Ink Only) _____ Attorney Printed Name / Florida Bar Number _____ | Date MM/DD/YYYY _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> ORIGINAL SIGNATURE REQUIRED JAC WILL NOT ACCEPT COPIES OR FACSIMILES OF THIS FORM </div> |
| <p><u>JAC APPROVAL</u></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | <p><u>AUDIT NOTES</u></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |

JAC Date Stamp