

# JAC Invoice - Capital Collateral Attorney Fees, Costs, or Related Expenses

CCR-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: 80%;" type="text"/>	Select one: <input type="checkbox"/> JAC Contract <input type="checkbox"/> DFS Contract
Federal Employer Identification Number: <input style="width: 80%;" type="text"/> <small>(MUST match ID on Substitute Form W-9 and JAC Contract)</small>	Case Number: <input style="width: 80%;" type="text"/>
	<input type="checkbox"/> Check for Multiple Cases
	Select County... <span style="float: right;">County and Circuit</span>
<b>INVOICE INFORMATION:</b> 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 a billable point and that I was the attorney of record at billable point for the matter identified above.	Defendant/Client Name: <input style="width: 90%;" type="text"/>
	Total Invoice Amount: <input style="width: 90%;" type="text"/> <small>(automatically calculated as form is completed)</small>

**Billable Stages and Caps:** (multiple Stages may be selected, if applicable)

<input type="checkbox"/> Stage 1: \$2,500 from appointment and filing notice of appearance.	<input type="checkbox"/> Stage 5: \$10,000 through issuance of a final order on motion for postconviction relief upon remand from appellate proceedings.
<input type="checkbox"/> Stage 2: \$20,000 through filing motion for postconviction relief.	<input type="checkbox"/> Stage 6: \$4,000 through denial of appeal.
<input type="checkbox"/> Stage 3: \$20,000 through issuance of final order on motion for postconviction relief.	<input type="checkbox"/> Stage 7: \$2,500 for petition for writ of certiorari to the U.S. Supreme Court.
<input type="checkbox"/> Stage 4: \$20,000 through filing of briefs on appeal of order on motion for postconviction relief.	<input type="checkbox"/> Stage 8: \$5,000 for proceedings following issuance of a death warrant.

IN-COURT:	Hours (in tenths) <input style="width: 80%;" type="text"/>	Hourly Rate \$ <input style="width: 80%;" type="text" value="\$100.00"/>	\$ <input style="width: 80%;" type="text"/>
OUT-OF-COURT:	Hours (in tenths) <input style="width: 80%;" type="text"/>	Hourly Rate \$ <input style="width: 80%;" type="text" value="\$100.00"/>	\$ <input style="width: 80%;" type="text"/>
TRAVEL EXPENSES/MILEAGE A properly completed <a href="#">DFS Travel Voucher</a> 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 <a href="#">DOT Mileage Calculator</a> MUST BE USED when cities are listed therein. If not listed, other documentation may be used.			\$ <input style="width: 80%;" type="text"/>
OTHER REIMBURSEMENT EXPENSES: (invoice/receipt, court order, and proof of payment MUST BE ATTACHED) Specify Other: <input style="width: 80%;" type="text"/>			\$ <input style="width: 80%;" type="text"/>

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

<b>Attorney Certification</b>		<b>JAC DOC STAMP</b>
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 ss. 27.710 and 27.711, 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.		JAC Date Stamp
Under penalty of perjury, I do hereby attest that I have read the foregoing Capital Collateral 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.		
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;"> <b>ORIGINAL SIGNATURE REQUIRED</b>                      JAC WILL NOT ACCEPT COPIES                      OR FACSIMILES OF THIS FORM                 </div>	
<b>JAC APPROVAL</b>	<b>AUDIT NOTES</b>	