JAC Invoice - Attorney Flat Fee, Costs, or Related Expenses/Attorney Reimbursement FLT-0814		
Attorney Name: (as indicated in Order of Appointment)	Invoice Number: (MAX 9 characters)	
Florida Bar Number:	Case Number:	
Tax ID Number: (MUST match ID on Substitute Form W-9 <u>and</u> JAC Contract)	Select County Defendant/Client Name:	▼ County and Circuit
Reimbursement Privately Retained Court Appointed Case Category: Reset Case Category and Case Type Criminal Conflict Trial Dependency Appellate TPR Post Conviction Other Civil)
Case Type:		V
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. 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: Service Date: (invoice/receipt, court order, and proof of payment MUST BE ATTACHED) Specify Oth	er:	\$ 8
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 attorney="" be="" billing="" completed="" completed,="" fees.="" for="" if="" is="" may="" must="" not="" rejected.="" section="" this="">>></this>		
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 fail 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.		JAC Date Stamp
Attorney Signature (Blue Ink Only)	Date MM/DD/YYYY	JAC
Attorney Printed Name / Florida Bar Number	ORIGINAL SIGNATURE REQUIRED JAC WILL NOT ACCEPT COPIES OR FACSIMILES OF THIS FORM	
	Print Form Reset Form	

INSTRUCTIONS

Section 1.

- Attorney Name Provide first and last name (as indicated in Order of Appointment).
- Florida Bar Number Provide Bar Number of the attorney assigned to the case.
- Tax ID Number Provide federal tax identification (either FEIN or Social Security) number of Attorney or Firm as indicated on the JAC Agreement and Substitute Form W-9. MUST match ID on Substitute Form W-9 and JAC Agreement. NOTE: Payment cannot be processed without this information.

Section 2.

• Invoice Number – Vendor/Firm must generate and provide an invoice number. MAX 9 characters (this number will allow you to locate this bill on the JAC and DFS vendor web sites).

Section 3.

- Case Number Provide case number exactly as it appears on the Order of Appointment.
- County & Circuit Select the county and circuit.
- Defendant/Client Name Provide the first and last name of the client or defendant represented. For parental notification cases only, the client may be represented by initials or "Jane Doe".

Section 4.

Disposition Date – MM/DD/YYYY.

Total Invoice Amount - The total amount billed for this invoice is automatically calculated as form is completed.

Section 5.

- Reimbursement Select Privately Retained (Indigent for Costs), or Court Appointed, if applicable.
- Case Category (Select a Case Category and then select a Case Type from the drop down list based on the selected category.)

Section 6.

• Flat Fee – Enter Flat Fee amount as determined by Case Type (rate charges are posted on the JAC web site). For criminal cases only, Flat Fee will be based on the highest charge in the information or indictment.

Section 7.

• TRAVEL EXPENSES/MILEAGE – A properly completed <u>DFS Travel Voucher MUST BE ATTACHED</u>. 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 <u>DOT Mileage Calculator MUST BE USED</u> when cities are listed therein. If not listed, other documentation may be used.

Section 8.

- Other Reimbursement Expenses Specify the type of expense(s) and enter amount (invoice/receipt, court order, and proof of payment MUST BE ATTACHED).
- Service Date MM/DD/YYYY. If service was provided over multiple dates, use the last date in which service was provided.

Section 9.

Choose either Single Court-Appointed Attorney OR Multiple Court-Appointed Attorney.

• Single Court-Appointed Attorney – Select to affirm that you were the only attorney appointed to the case, and to affirm that the case has reached a final disposition or a billable point. Whether a case has reached a billable point is detailed in s. 27.5304, F.S., and JAC's Policies and Procedures for Court-Appointed Attorneys. Both documents are available on JAC's web site.

OR

• Multiple Court-Appointed Attorneys – Select to affirm if there were any other court-appointed attorney(s) (other than yourself) that were appointed to the case and to affirm that the case has reached final disposition or a billable point. Provide the name(s) of all other court-appointed attorneys who were appointed to the case. Whether a case has reached a billable point is detailed in s. 27.5304, F.S., and JAC's Policies and Procedures for Court-Appointed Attorneys. Both documents are available on JAC's web site. Please be advised that processing of billing may be delayed until case reaches final disposition and all attorneys have submitted billings or fee waivers.

Section 10.

- Attorney Certification By signing this document, you are attesting to the accuracy of all information in this billing. Before submission, please verify the accuracy of all provided information and attach all required supporting documentation not previously submitted.
- Attorney Signature Sign in <u>blue ink</u> on the line provided. NOTE: The signature must be original.
- Date Include date invoice is certified, (MM/DD/YYYY).
- Attorney Printed Name Provide first and last name. Bar Number Provide Bar Number for attorney.

All services are subject to audit and the Justice Administrative Commission reserves the right to offset an over-billing against subsequent payment requests.