



Justice Administrative Commission

Request to Withdraw JAC Voucher Cover/Invoices

This form is used to request withdrawal of JAC voucher covers/invoices previously submitted due to change in Tax ID or other circumstances where payment could be made to an incorrect entity or address. To expedite this request, please e-mail the completed form to pleadings@justiceadmin.org.

Request Date: _____

Requester Name (Attorney, Vendor, Company): _____

Tax ID Number: _____ Florida Bar Number _____

For each JAC Voucher Cover/Invoice you would like withdrawn from payment, complete the following information (attach additional sheets, as necessary):

Case Number _____ Invoice Number _____

Defendant _____ Invoice Amount _____

Case Number _____ Invoice Number _____

Defendant _____ Invoice Amount _____

Case Number _____ Invoice Number _____

Defendant _____ Invoice Amount _____

Case Number _____ Invoice Number _____

Defendant _____ Invoice Amount _____

I understand that some billings may have already begun to be processed by JAC and may be paid to the Tax ID (and address) listed on the original voucher cover/invoice. In those cases, as provided in the JAC Agreement, I understand that I must resolve these instances without the involvement of JAC. I also understand that in order to receive payment for voucher covers/invoices that I am requesting to withdraw an amended voucher cover/invoice must be submitted to JAC with the correct Tax ID listed.

Signature _____ Date _____