

Attorney Request for Release of Residual Amount from Prior Interim Payments

RES-0120
OL-012220

Attorney Name: (as indicated in Order of Appointment)	Invoice Number: (MAX 9 characters)
Florida Bar Number:	Case Number:
Federal Employer Identification Number: (MUST match ID on Substitute Form W-9 and JAC Contract)	County and Circuit:
Disposition Date: (format MM/DD/YYYY)	Defendant/Client Name:
Disposition Date: (format MM/DD/YYYY)	Total Invoice Amount: (automatically calculated as form is completed)

Case Type:

Residual Amount: (Determined by prior Interim Attorney Fee Court Order(s)):

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.

In addition to this billing, you **must** submit:

1. A dispositional document indicating the case is completed or an order authorizing you to withdraw; and
2. The Order(s) granting the interim attorney fee amount including the amount withheld prior to the case reaching final disposition.

<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 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 supported 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>
_____ Attorney Signature	_____ Date MM/DD/YYYY
_____ Attorney Printed Name / Florida Bar Number	
<p style="text-align: center;">The State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.</p>	

JAC APPROVAL	AUDIT NOTES
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