



How to Submit a Dependency Bill with the Title IV-E Children Reporting Form in [MyJAC](#)

Beginning July 1, 2022, JAC is required to collect the information requested in the Title IV-E Children Reporting Form to process dependency attorney fee and due process vendor bills for payment. This check list has been developed to assist you court-appointed dependency attorneys with this new process. In order to submit a JAC Dependency Attorney Fee bill:

1. Login to [MyJAC](#) with your User ID and Password.
2. Select Attorney Billing Packet Submission on the left side menu bar.



3. Search for a case.

START HERE TO BEGIN YOUR BILLING PACKET

SEARCH FOR A CASE: by Case Sequence Number (6 digits)
 by Defendant Name (First OR Last Name - not both)

SEARCH EXAMPLE: if the case number is **02 CF 2013 001234**, search for case sequence number **001234**, or if defendant's name is **John Doe**, search for *John* or, search for *Doe*.

4. Select the case number.
5. On the Case Details page, select Submit a New Billing Packet.

PLEASE SELECT:

Submit a New Billing Packet for This Case (also for attorney reimbursement)



JUSTICE ADMINISTRATIVE COMMISSION



6. Select the billing type from the drop-down menu.

NOTE: For attorney reimbursement, please select the Flat Fee/Criminal billing type from the dropdown and then check the box labeled "Reimbursement Only".

BILLING TYPE:

7. The billing packet information form will open. Enter your billing information and scroll down to edit the Child Information for Title IV-E Purposes. **The Child Information you enter should be the child/children of your client only.**

CHILD INFORMATION FOR TITLE IV-E PURPOSES

Please see below the children associated with prior billing. Click on the Select button to auto-populate the children for the current billing.

Last Name	First Name	Date of Birth	Current Placement:	
TEST	CHILD	08/12/2019	Non-Relative Placement	<input type="button" value="Select"/>

(*Please click the Add Entry button to add each child involved in the case.)

Last Name:	First Name:	Birth Date:	Current Placement:	Hearing Type:	Hearing Date:
<input type="text"/>	<input type="text"/>	<input type="text" value="F"/> <input type="button" value="Calendar"/>	<input type="text" value="-SEL"/> <input type="button" value="v"/>	<input type="text" value="-Sel"/> <input type="button" value="v"/>	<input type="text" value="F"/> <input type="button" value="Calendar"/>
<small>*No suffix or middle initials</small>	<small>*No suffix or middle initials</small>	<small>Date Format: MM/DD/YYYY</small>			<small>Date Format: MM/DD/YYYY</small>
<input type="button" value="Add Entry"/>		<input type="button" value="Reset"/>			

8. Scroll down to complete the Attorney Certification, upload the relevant document files, and submit.