## **Application for Certification of Costs**

Attorney Name		Charge
Firm Name		Case Number( <u>s)</u>
Florida Bar Number		Case Caption
Disposition Date*:		County & Circuit
*Please attach the Disposition, including sentencing information for Adjudicated Guilty and Adjudication withheld.		
Case Type: Civil	al Conflict Dep	endency
Check: Indigent for Costs		
business records of the Justice certificate. The information is changes to invoices, withdraw personally responsible for veri included in the accounting pro received or docketed as of the not include any costs related to pursuant to section 57.081, F.  The compilation of information and other documents kept and will be based upon current dat This certificate of costs is general section.	e Administrative C subject to change al of invoices, or r fying that all invoice vided to the court date JAC issued to the court, clerk of S. a contained in the data received and do erated as an official	ained in a certification of costs will be based on commission (JAC) as of date JAC issues the upon receipt of additional invoices, amendments or ejection of invoices. I further acknowledge that I am ces and billings related to the above-cited case(s) are including any invoices that JAC may not have its certificate of costs. The certification of costs does of court, of sheriff for which prepayment was waived certificate of costs will be based upon data, invoices a ordinary scope of JAC's business. The compilation ocketed by JAC as of the date the certificate is issued, all report based on JAC's current business records to by the State of Florida through JAC in relation to the
Attorney Signature	Date	
Attorney Printed Name		
Florida Bar Number Te	elephone Number	
Please submit to: pleadings@justiceadmin.org.		

JAC Date Stamp