

**Flat Rate Attorney's Fees  
Multiple Cases for Same Defendant  
Invoice/Voucher Cover  
For Cases Appointed Prior to 7/1/2007**

Attorney Name \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Florida Bar Number \_\_\_\_\_  
 Tax ID Number \_\_\_\_\_

Invoice Number \_\_\_\_\_  
 Charge \_\_\_\_\_  
 Case Caption \_\_\_\_\_  
 Judge \_\_\_\_\_  
 County Name \_\_\_\_\_  
 Circuit Number \_\_\_\_\_

**INVOICE INFORMATION:**

	Case Number	Flat Rate	JAC Tracking Number
Lead Case	[ ]	[ ]	[ ]
Total Costs *	Per Detail on Invoice	[ ]	[ ]
Second Case	[ ]	[ ]	[ ]
Third Case	[ ]	[ ]	[ ]
Fourth Case	[ ]	[ ]	[ ]
Fifth Case	[ ]	[ ]	[ ]
Sixth Case	[ ]	[ ]	[ ]
	<b>Total</b>	[ ]	[ ]

\*Apportion Attorney Fees by case number, but apply all costs to lead case.

**Affidavit Verifying Attorney's Fees, Costs or Related Expenses**

I certify that my attorney's fees in the above entitled action for which I have billed the Justice Administrative Commission of the State of Florida are true, accurate, reasonable and necessary. I state 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 true, accurate, reasonable and necessary in the preparation of the above entitled case. I state that this Affidavit 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 in the above entitled action and I certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

Under penalties of perjury, I declare that I have read the foregoing Affidavit Verifying Attorney's Fees, Costs and Expenses and that the facts stated in it are true.

\_\_\_\_\_  
 Court-Appointed Attorney Signature (Blue Ink)      Date

\_\_\_\_\_  
 Court-Appointed Attorney Printed Name

\_\_\_\_\_  
 Bar Number      (   )   -  
    Telephone Number

JAC Date Stamp