

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

Attorney Name 1
 Firm Name 2
 Florida Bar Number 3
 Tax ID Number 4

Invoice Number 5
 Charge 6
 Case Caption 7
 Judge 8
 County Name 9
 Circuit Number 10

INVOICE INFORMATION:

| | Case Number | Flat Rate | JAC Tracking Number |
|---------------|-----------------------|------------------|----------------------------|
| Lead Case | <u>11</u> | <u>12</u> | <u>13</u> |
| Total Costs * | Per Detail on Invoice | | |
| Second Case | | | |
| Third Case | | | |
| Fourth Case | | | |
| Fifth Case | | | |
| Sixth Case | | | |
| Total | | <u>14</u> | |

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

Affidavit Verifying Attorney's Fees, Costs or Related Expenses

15

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.

16 17
 Court-Appointed Attorney Signature (Blue Ink) Date

18
 Court-Appointed Attorney Printed Name

19 () - 20
 Bar Number Telephone Number

JAC Date Stamp

IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.
 Justice Administrative Commission July 2008

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1. Name of Attorney – Use first name, middle initial and last name.
2. Firm Name
3. Florida Bar Number – Supply bar number of the Court-Appointed attorney assigned to the case.
4. Tax Identification Number - Supply Tax ID Number of Attorney or Firm. If you do not have a Tax Identification Number, please enter your social security number. **NOTE:** Payment cannot be processed without this information.
5. Invoice Number – Invoice tracking number generated by firm.
6. Charge or Nature of Proceeding – Please enter one of the following:

| <u>Criminal Conflict</u> |
|----------------------------------------------------------------------------------|
| Death Penalty (Capital) Trial – Lead Counsel |
| Death Penalty (Capital) Trial – Co-Counsel |
| Death Penalty Appeal |
| Capital Life |
| Felony 1 st Degree, 2 nd Degree, or 3 rd Degree |
| Felony Appeal |
| Misdemeanor |
| Misdemeanor Appeal |
| Delinquency |
| Delinquency Appeal |
| Violation of Probation |
| Rule 3.850 |
| |

7. Case Caption – Give style of the case, i.e., “State of Florida vs. John Brown” or “In the Interest of J.B.” in Dependency cases using only the first and last initials.
8. Judge - Use first name, middle initial and last name.
9. County Name – Provide the county of court for the cases.
10. Circuit Number – Provide the circuit of court for the cases.
11. Case Number - Provide case number exactly as it appears on the Order of Appointment for each case with the same defendant.
12. Flat Rate – Provide the flat billing rate per case.
13. JAC Tracking Number – Do not enter a value in this field. For JAC use only.
14. Total Costs – Enter the total amount of costs associated with all cases for this defendant. **NOTE:** Apportion Attorney Fees by case number, but apply all costs to lead case.
15. Affidavit Verifying Attorney's Fees, Costs and Other Expenses – Read the verification paragraphs.
16. Court-Appointed Attorney Signature – Sign, in blue ink, on the line provided. **NOTE:** The signature must be original.
17. Date – Include date certifying invoice.
18. Attorney Printed Name - Use first name, middle initial and last name.
19. Bar Number - Provide bar number for Court-Appointed Attorney.
20. Phone Number – Provide phone number where attorney can be reached.

All services are subject to audit and the Justice Administrative Commission reserves the right to offset an over-billing against subsequent payment requests.