

Refund – Defendant Acquitted or Discharged Voucher Cover

Defendant _____

Soc. Sec. No.: _____

Attorney _____
(If filing on behalf of Defendant)

Florida Bar Number _____
(If Applicable)

Make Checks Payable to: _____

Case Number _____

County Name _____

Mailing Address _____

Email Address _____

**Total Refund
Amount**

\$

SUPPORTING DOCUMENTATION TO BE ATTACHED:

1. Certificate of Payment of Costs from Clerk of Court
2. Court Order (must indicate the defendant's right to a refund and dollar amount)
3. Court documents showing defendant was acquitted or the case was dismissed
4. Account summary from detention facility

*See section 939.06, Florida Statutes. Costs are limited to fees and costs paid by the defendant and certified by a Clerk of Court; specifically, public defender application fees, sheriff ministerial fees, clerk of court ministerial fees, and subsistence charges while detained in custody.

Attorney / Defendant Signature (Blue Ink) Date

Attorney / Defendant Printed Name

() -

Phone Number

Submit Completed Voucher to:

**Justice Administrative Commission
Court-Appointed Counsel Program
Post Office Box 1654
Tallahassee, FL 32302-1654**

IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.