

JAC Invoice - Certification and Request for Payment of Ordinary and Official Witnesses

Defendant's Attorney Name:	IFC <input type="checkbox"/>	Pro Se <input type="checkbox"/>	Case Number:
Florida Bar Number:	County and Circuit		

Witness Name: <small>(One sheet per Witness)</small>	Defendant/Client Name:
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Witness Address:(where payment is to be mailed)

Street	City	State	Zip Code-Plus 4
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Social Security Number:	Total Invoice Amount: <small>(automatically calculated as form is completed)</small>
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ORDINARY WITNESS – CIVIL OR CRIMINAL (Pursuant to s. 92.142, F.S.). Provide [MapQuest](#) print-out supporting mileage when billing for mileage.

<input type="checkbox"/> Ordinary Witness entitled to \$5 per day witness fee.	Number of days:	Subtotal:
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Date Travelled:(MM/DD/YYYY)	Number of miles: X 0.06	Subtotal:
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ORDINARY WITNESS – CRIMINAL: for travel outside of county of residence and more than 50 miles. If selected, no per day witness fee, as above, is allowed, pursuant to **s. 92.142, F.S.**

Date Travelled: (MM/DD/YYYY)	Subject to s. 112.061, F.S., attach DFS Travel Voucher . DOT Mileage Calculator MUST BE USED.	Subtotal:
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OFFICIAL WITNESS/LAW ENFORCEMENT (Pursuant to s. 92.141, F.S.).
Law enforcement travelling from home may redact home address from supporting documentation. Actual mileage must be provided; however, maps or other information showing home address may be redacted or omitted.

<input type="checkbox"/> Appearing off-duty entitled to \$5 per day witness fee – Law Enforcement Only.	Number of days:	Subtotal:
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Date Travelled: (MM/DD/YYYY)	Subject to s. 112.061, F.S., attach DFS Travel Voucher . DOT Mileage Calculator MUST BE USED.	Subtotal:
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Attorney/Pro Se Defendant Certification

Under penalty of perjury, I certify that the witness fees and costs reflected on this invoice are true and correct and were necessary for the performance of my duties in the above-referenced case; that any travel expenses were actually incurred; and that the amount due is in accordance with Florida Statutes and the JAC Policies and Procedures.

Attorney/Pro Se Defendant Signature (**Blue Ink Only**) Date MM/DD/YYYY

Attorney/Pro Se Defendant Printed Name / Florida Bar Number

ORIGINAL SIGNATURE REQUIRED
JAC WILL NOT ACCEPT COPIES
OR FACSIMILES OF THIS FORM

JAC DOC STAMP

JAC Date Stamp

JAC APPROVAL

AUDIT NOTES