	Uniform	Invoice	for	Expert	Witness	Services
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Date Goods Inspected/Approved:

Inspected/Approved By:

	Vendor Information	
Name:		
Address:		
City/State/ZIP:		
Telephone:		
SSN or FEIN #:		

Invoice #	
FLAIR#	

Month/Year:	
Circuit:	
County:	
Contract No.:	
Contract Expiration Date:	

Date

Note: Pursuant to s. 916.115, F.S., payments related to determinations of sanity at the time of the offense are not the responsibility of the court and should not be reported on this invoice.

				xpert Witness Service	es Provided						
100								Hourt	y Rate	Million Co.	E3
Service Date	Case Number	Defendant's Name	Type of Evaluation	Court Division	Activity Related to Evaluation	Flat Rate Payment		End Time	Total Number of Hours	Hourty Rate	Total
											\$0.0
											\$0.0
											\$0.0
											\$0.0
											\$0.0
											\$0.0
											\$0.0
											\$0.0
											\$0.0
											\$0.0
											\$0.0
											\$0.0
										Total	\$0.0
	Attach Copy of Judge's	s Order for Payment al Services Agreement At	tached (Mandatory*)		I attest the above info	rmation is tr	ue and co	orrect.			
	Travel Voucher Attach				Contractor/Vendor			Date			
	unt of services purchase be completed by Co		I year and no contract has been ex	ecuted,	Pursuant to s. 939.08, F	S Loorlifu	hasa cost		correct	and reasons	blo
Date Invoice Re		- Commission		_	and contain no unneces	ssary or illega	il items.	s are just	, correct,	and reasons	ible,
Date Goods/Ser	vices Received:										
Received By:											

Trial Court Administrator

Instructions for Uniform Invoice for Expert Witness Services

Vendor and Circuit Information Section (No Major Changes)

Information on the vendor, information related to the circuit and county in which the work was performed, as well as the invoice, FLAIR, and contract numbers are captured in the introductory section of the invoice, as illustrated in the example below.

Uniform Invoice for Expert Witness Services Vendor Information	FLAIR #
Name: Address: City/State/ZIP: Telephone: 55N or FEIN #:	Month/Year: Circuit: County: Contract No.: Contract Expiration Date

Expert Witness Services Provided Section (Major Changes)

This section is designed to be completed by the expert and captures information related to the date of service, case number, defendant's name, type of evaluation, division of court, activity related to the evaluation, and rates of pay for each event performed by the expert. Experts may use the same form to report up to 12 evaluations or activities.

• The Type of Evaluation, Court Division, and Activity Related to Evaluation columns use drop-down menus from which the appropriate selection should be made. The drop-down menu for Type of Evaluation requires that the user select the evaluation type based on the contract or court order. This is designed to ensure that the evaluation is being performed and counted pursuant to specific statutory authority, as indicated in the example below.

							Hourly Rate				
ervice Date	Case Number	Defendant's Name	Type of Evaluation	Court Division	Activity Related to Evaluation	Flat Rate Payment	Start Time	End Time	Total Number of Hours	Hourly Rate	Total
											\$0.00
			/ \								\$0,00
			4 2	_		-	-				\$0.00
		-1700-				-		-	-		\$0.0
			Menu for Type	of Evaluation	1	1					\$0.0
- Adu	It Compete	nce (ss. 916.12	2, 916.17, F.S.)								\$0.0
- Adu	ilt Compete	nce (ss. 916.30	1-916.304, F.S.)								\$0.0
- Adu	Ilt Compete	nce – Death Pe	enalty (s. 921.13	7, F.S.)							\$0.0
- Adu	Ilt Compete	nce – Sentenci	ng (s. 921.09, F.	S.)		-					\$0.0
- Adu	Ilt Compete	nce – Sentenci	ng (s. 921.12, F.	S.)							\$0.00
			al Illness (s. 985.		5.)			_		7.44	\$0.00
-					. 985.19(1)(e), F.S.)					Total	\$0,0
			mining Committ		500000000000000000000000000000000000000						
			to Residential S		11.0. (5. 353.11,						
		•		•	45 / 202 44 5 5						
100			mining Committ esidential Servic		//S (s. 393.11, F.S.,						
- Gua	ardianship E	xamining Com	mittee – M.D., F	h.D., D.O. (s	. 744.331. F.S.)						
- Gua		xamining Com	mittee – ARNP,								
	erson (s. 74										

• The user should select the appropriate option in the Court Division and Activity Related to Evaluation columns for which he or she is performing the work, as indicated in the example below.



								Hourly	Rate		
Service Date Case Number	Defendant's Name	Type of Evaluation	Court Division	rt Division Activity Related to Evaluation	Payment	Start Time	End Time	Total Number of Hours	Hourly Rate	Total	
					4 }				-		\$0.0
						THE R	100				\$0.0
				4.53	Drop Down Menu f	or					\$0.0
				Ac	tivity Related to Evalu	uation	100				\$0.0
					- Evaluation						\$0.0
				i i Eliza							\$0.0
					- Follow-Up Evaluation						\$0.0
				- N	lo Show/Unable to Ev	aluate	200				\$0.0
				579	- Travel Time		100		,)		\$0.00
					- Testimony						\$0.00
				100000			TEC				\$0.00
					- Other Activity		30				\$0.00
							-			Total	\$0.00

Payment Information Section (Major Changes)

The invoice uses separate columns to capture flat rates and hourly rates. Users should fill in the appropriate payment information based on their agreement with the circuit. If claiming a flat rate for services rendered, the user should enter the rate in the Flat Rate Payment column. If claiming an hourly rate, the user must complete the start time, end time, total number of hours, and hourly rate for the work performed.

Each activity related to the evaluation must be reported on a separate line. For example, if the expert performs an evaluation and receives a flat rate for that service, it will be reported on one line and any travel time or ancillary activities related to the evaluation when the expert is paid an hourly rate will be reported on a separate line. All time should be reported in quarter-hour increments or pursuant to the contract.

Administrative Information Section (No Major Changes)

This section includes the vendor signature as well as information to be completed by court administration.

Attach Copy of Judge's Order for Payment	I attest the above information is true and correct.				
Summary of Contractual Services Agreement Attached (Mandatory*)					
Travel Voucher Attached (If Applicable)	Approximation and the second				
*Unless total amount of services purchased is less than \$500 per fiscal year and no contract has been executed.	Contractor/Vendor	Date			
This section to be completed by Court Administration Date invoice Received:	Pursuant to s. 939.08, F.S., I certify these costs are just, correct, and reasonable, and contain no unnecessary or illegal items.				
Date Goods/Bervices Received:					
Received By:	***				
Date Goods Inspected/Approved:	Trial Court Administrator	Date			
Inspected/Approved By:					
	Organizational Code Category: EO:	Object Code: Payment Amount 3 1 8 0 0			

Note: Amending an Invoice

Any changes made by circuit staff to the information reported on the invoice by the vendor, must be clearly marked as such and initialed by the person making the change.