

**PARENT EDUCATION INVOICE  
FOR  
SECURITY GUARD**

Submit completed form to:  
Family Court Program Coordinator  
WV Supreme Court of Appeals  
1900 Kanawha Blvd.  
Building 1, Room E-100  
Charleston, WV 25305

**Security Guard:** \_\_\_\_\_ **Invoice Number:** \_\_\_\_\_

**Make check payable to:** \_\_\_\_\_ **Social Security or FEIN:** \_\_\_\_\_

**Address for remittance:** \_\_\_\_\_

**Phone (home):** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Phone (work):** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Class Information: (ONE class per invoice)**

**Date:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Class taught by:** \_\_\_\_\_

**Hours Worked: (Multiply hours worked by hourly rate)**

Number of hours worked \_\_\_\_\_ X \_\_\_\_\_ **Total Amount Due:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Must be in blue ink)

Administrative Office use only:

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_