IN THE <u>CIRCUIT</u> COURT OF COUNTY, WEST VIRGINIA

Case No.: ______ - G _____

AN ALLEGED PROTECTED PERSON

APPOINTED ATTORNEY HOURLY RATE AND FEE APPROVAL REQUEST FOR **REPRESENTATION OF NON-INDIGENT PROTECTED PERSON**

West Virginia Code: § § 44A-2-7(e) and 44A-1-13(c)

Now comes,			, a licensed attorney at	
law, having been appointed to represent a			ve-referenced case,	
and hereby informs the Court or Mental I	Hygiene Commissio	oner pursuant to West Virginia	<i>Code §44A-2-7(e)</i> as	
required at the onset of this case of his/	her hourly fee rate	in the amount of \$		
per hour. Said attorney further seeks appr	roval of this hourly	rate and fee for the case, as rea	sonable in light of the	
going rate for legal services, in considera	tion of the complex	tity of this matter, and the amo	unt of legal work	
involved in such matters, understanding t	-	•	•	
fee at the time of appointment. Counsel estimates			hours will be reasonably required to complete	
representation of the non-indigent protect				
Respectfully presented this	day of	[month]	,[year].	
			Appointed Counsel	
Bar ID:				
Address:				
City:		State:	Zip:	
Phone Number:				

IN RE: