| COURT | INVOICE           | FOR    | CHARDIA | $N \Delta D$ | IITEM       |
|-------|-------------------|--------|---------|--------------|-------------|
|       | 113 9 4 7 14 . 14 | 1,4717 | TUANDA  |              | 121 1 12/VI |

| Guardian Ad Litem Appointed on Behalf of: Child(1   | en) (3730)(3741)/ Incarcerated Adult (3729)(3739)/ |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Incompetent Adult (3728)(3738) / Active Military Personnel (3732)(3251) /   |  |  |  |  |  |  |  |
| Adult committed to Mental Health Facility (3727)(3740) /  |  |  |  |  |  |  |  |
|   | rson(s)- only include first and last initial.      |  |  |  |  |  |  |
| Name of Client:   | Name of Client:                                    |  |  |  |  |  |  |
| Name of Client:   | Name of Client:                                    |  |  |  |  |  |  |
| Payment Information: Social Security of   | FEIN: (Last 4 digits only)                         |  |  |  |  |  |  |
| Registered Vendor Name:   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Phone: Fax:   |  |  |  |  |  |  |  |
| Case Information:   |  |  |  |  |  |  |  |
| County:   | Civil Action No.                                   |  |  |  |  |  |  |
| Judge:  | Date of Appointment:                               |  |  |  |  |  |  |
| Petitioner/Plaintiff:   |  |  |  |  |  |  |  |
| 1 cuttoner i tameni.  | Respondent Bereindant.                             |  |  |  |  |  |  |
| QUARTERLY BI  | LLING  |  |  |  |  |  |  |
| Quarterly billing period: (invoices to be submitted by the 10   | th of the month following the end of the quarter)  |  |  |  |  |  |  |
| Qtr. 1 Jan Mar. Qtr. 2 Apr Jun. Qtr. 3 Jun.   | al Sept. Qtr. 4 Oct Dec. Final Invoice             |  |  |  |  |  |  |
| FEE T   | OTALS  |  |  |  |  |  |  |
| Prior Amount Billed to Date:  | <u> </u>   |  |  |  |  |  |  |
| Fees Claimed This Invoice: (total auto-calculated fro   | m page 2 and pages 4, 5, and/or 6) \$              |  |  |  |  |  |  |
| Mileage Claimed This Invoice:   | total auto-calculated from page 3) \$              |  |  |  |  |  |  |
| Out of Pocket Expenses (receipts attached):   | (enter here) \$                                    |  |  |  |  |  |  |
| Amount of This Invoice:   | <u>\$</u>  |  |  |  |  |  |  |
| <b>Total Amount Billed to Date:</b>   | <b>\$</b>  |  |  |  |  |  |  |
| *AFFIRMATION - I hereby affirm that the above statements and amounts are true and correct and that during the time the charges occurred my appointment did not automatically end due to change in eligibility status of the client. |  |  |  |  |  |  |  |
| Attorney Signature:   | Date:  |  |  |  |  |  |  |
| Administrative Office use only:   |  |  |  |  |  |  |  |
| I hereby certify that the items/services have been received   | **   |  |  |  |  |  |  |
| Approved:   | Date:  |  |  |  |  |  |  |

SCA-F-405: Invoice for Guardian Ad Litem

Page 1 of 6

| <b>Attorney Name:</b> |                    |                           | Case No.:                     | County:  |             |  |  |  |
|-----------------------|--------------------|---------------------------|-------------------------------|--|-------------|--|--|--|
| I. THE FOLLOV         | VING SE            | CRVICES WERE R            | ENDERED IN TI                 | HIS PROCEEDING:  |             |  |  |  |
|                       |                    | TIME CODE CLASSIFICATIONS |                               |  |             |  |  |  |
|                       |                    | In Court - \$1            | 00.00/hour                    | Out-of-Court - \$80.00/hour                            |             |  |  |  |
|                       |                    | H - Hearings              |                               | D - Driving or Travel                                  |             |  |  |  |
|                       |                    |                           | ı                             | C - Conference with Client or Witness                  |             |  |  |  |
|                       |                    |                           |                               | R - Research, preparation of pleadings                 |             |  |  |  |
|                       |                    |                           |                               | I - Investigation                                      |             |  |  |  |
|                       |                    |                           |                               | W - Waiting for Court                                  |             |  |  |  |
|                       |                    |                           |                               | O - Other (must specify)                               |             |  |  |  |
| Itemized time mus     | st be in <b>te</b> | nths of an hour.          |                               |  |             |  |  |  |
| Date                  | Time<br>Code       | Attorney Time<br>In-Court | Attorney Time<br>Out-of-Court | Location of Activity; Further Ex<br>Notes, or Comments | planations, |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |
|                       | +                  |                           |                               |  |             |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |
| Total:                |                    |                           |                               |  |             |  |  |  |
| TOTAL <b>FEES</b> C   | LAIMED             | FOR THE ABOVE             | E                             |  |             |  |  |  |
| PROCEEDING F          | Enter gran         | nd total from above c     | hart.                         | <b>Total Due:</b> \$                                   |             |  |  |  |
|                       |                    |                           |                               |  |             |  |  |  |

The Administrative Office may return any Invoice with mathematical or other errors. If returned, you may need to obtain a corrected Order Approving Payment from the Judge.

Attach additional sheets if necessary.

I have attached \_\_\_\_\_additional time sheet(s).

| Attorney Name: Ca                      |   |                              | se No.:            |                              | County:  |                   |
|--|---|------------------------------|--------------------|------------------------------|--|-------------------|
|  | LOWABLE MILEAG                                  |                              | ted standard       | l mileage rate               | for business miles drive                       | en.               |
| ONLY ONE ITE                           | M PER LINE - Use addition                       | al mileage sheets, if necess | sary, and indicate | additional mileage sl        | heets below.                                   |                   |
| Date                                   | F C'.   | T. C'                        | 3.60               | Multiply                     | D  | T 1               |
| MM/DD/YY                               | From City                                       | To City                      | Mileage            | by Rate                      | Purpose  | Total             |
|  |   |                              |                    | X                            |  |                   |
|  |   |                              |                    | X                            |  |                   |
|  |   |                              |                    | X                            |  |                   |
|  |   |                              |                    | X                            |  |                   |
|  |   |                              |                    | X                            |  |                   |
|  |   |                              |                    | X                            |  |                   |
|  |   |                              |                    | X                            |  |                   |
|  |   |                              |                    | X                            |  |                   |
|  |   |                              |                    | X                            |  |                   |
|  |   |                              |                    | X                            |  |                   |
|  |   |                              |                    | X                            |  |                   |
|  |   |                              |                    | X                            |  |                   |
|  |   |                              |                    | X                            |  |                   |
| Totals:                                |   |                              |                    |                              |  |                   |
| TOTAL MI                               | LEAGE EXPENSE                                   | S CLAIMED FOR                | R THE ABO          | VE PROCEE                    | DING   |                   |
| Ente                                   | er total cost from abo                          | ve chart                     |                    |                              | \$   |                   |
| Attach additional sheets if necessary. |   | I have attached              |                    | additional m                 | additional mileage sheet(s)                    |                   |
|  |   |                              |                    |                              | cluding, but not limited and copying expenses. | to: long-distance |
|  |   | REMITTA                      | NCE INST           | RUCTIONS:                    |  |                   |
| <b>Attorneys:</b> Please subm          | it completed Invoice                            | to Appointing Judg           | ge's office.       |                              |  |                   |
|  | istrate Staff:<br>it <u>original</u> Invoice an | d Order Approving            | Payment to         | the Clerk of the             | · Court.                                       |                   |
| Circuit Clea                           |   |                              |                    |                              |  |                   |
| Please attach                          | the Invoice to an O                             |                              |                    |                              |  |                   |
|  |   | •                            |                    | ppeals of WV<br>ervices 1900 |  |                   |
|  |   |                              | vha Blvd. E.       |                              |  |                   |

Room E-100 Charleston, WV 25305

SCA-F-405: Invoice for Guardian Ad Litem

Revised: 1/14/2021

| Date   | Time<br>Code | Attorney Time<br>In-Court | Attorney Time<br>Out-of-Court | Location of Activity; Further Explanation Notes, or Comments |
|--------|--------------|---------------------------|-------------------------------|--|
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
| Total: |              |                           |                               |  |

Attorney Name: \_\_\_\_\_ Case No.: \_\_\_\_\_ County: \_\_\_\_\_

SCA-F-405: Invoice for Guardian Ad Litem

Page 4 of 6 Revised: 1/14/2021

| Date   | Time<br>Code | Attorney Time<br>In-Court | Attorney Time<br>Out-of-Court | Location of Activity; Further Explanatio<br>Notes, or Comments |
|--------|--------------|---------------------------|-------------------------------|--|
|        |              |                           |                               | 11000s, 01 Comments  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
|        |              |                           |                               |  |
| Total: |              |                           |                               |  |

Attorney Name: \_\_\_\_\_ Case No.: \_\_\_\_ County: \_\_\_\_\_

SCA-F-405: Invoice for Guardian  $Ad\ Litem$ 

Revised: 1/14/2021

| Attorney Name:                                     |              |                                   | Case No.:                     | County:   |  |  |  |
|--|--------------|-----------------------------------|-------------------------------|---|--|--|--|
| J. ADDITIONAL TIME SHEET:                          |              |                                   |                               |   |  |  |  |
| Itemized time must be in <u>tenths</u> of an hour. |              |                                   |                               |   |  |  |  |
| Date   | Time<br>Code | Attorney Time<br>In-Court         | Attorney Time<br>Out-of-Court | Location of Activity; Further Explanations,<br>Notes, or Comments |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
|  |              |                                   |                               |   |  |  |  |
| Total:   |              |                                   |                               |   |  |  |  |
|  |              | FOR THE ABOVE e chart. (Add to To |                               | <b>Total Due:</b> \$  |  |  |  |

SCA-F-405: Invoice for Guardian Ad Litem

Revised: 1/14/2021