



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

**I. THE FOLLOWING SERVICES WERE RENDERED IN THIS PROCEEDING:**

TIME CODE CLASSIFICATIONS	
In Court - \$100.00/hour	Out-of-Court - \$80.00/hour
H - Hearings	D - Driving or Travel
	C - Conference with Client or Witness
	R - Research, preparation of pleadings
	I - Investigation
	W - Waiting for Court
	O - Other (must specify)

Itemized time must be in **tenths** of an hour.

Date	Time Code	Attorney Time In-Court	Attorney Time Out-of-Court	Location of Activity; Further Explanations, Notes, or Comments
<b>Total:</b>				

TOTAL FEES CLAIMED FOR THE ABOVE

PROCEEDING Enter grand total from above chart.

**Total Due:** \$ \_\_\_\_\_

Attach additional sheets if necessary.

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

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.

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**II. ALLOWABLE MILEAGE EXPENSES**

**Please use the applicable I.R.S. promulgated standard mileage rate for business miles driven.**

ONLY ONE ITEM PER LINE - Use additional mileage sheets, if necessary, and indicate additional mileage sheets below.

Date MM/DD/YY	From City	To City	Mileage	Multiply by Rate	Purpose	Total
				X		
				X		
				X		
				X		
				X		
				X		
				X		
				X		
				X		
				X		
				X		
				X		
				X		
				X		
				X		
Totals:						

**TOTAL MILEAGE EXPENSES CLAIMED FOR THE ABOVE PROCEEDING**

Enter total cost from above chart \$ \_\_\_\_\_

Attach additional sheets if necessary. I have attached \_\_\_\_\_ additional mileage sheet(s)

The Supreme Court will not reimburse Guardian *Ad Litem* for office expenses including, but not limited to: long-distance telephone calls, postage, invoice preparation time, paralegal/secretarial services and copying expenses.

**REMITTANCE INSTRUCTIONS:**

**Attorneys:**

Please submit completed Invoice to Appointing Judge's office.

**Judge/Magistrate Staff:**

Please submit original Invoice and Order Approving Payment to the Clerk of the Court.

**Circuit Clerk:**

Please attach the Invoice to an Order Approving Payment, and submit both to:

Supreme Court of Appeals of WV  
 Division of Court Services 1900  
 Kanawha Blvd. E. Building 1,  
 Room E-100 Charleston, WV  
 25305

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

**I. ADDITIONAL TIME SHEET:**

Itemized time must be in tenths of an hour.

Date	Time Code	Attorney Time In-Court	Attorney Time Out-of-Court	Location of Activity; Further Explanations, Notes, or Comments
<b>Total:</b>				

TOTAL FEES CLAIMED FOR THE ABOVE PROCEEDING

Enter grand total from above chart. (Add to Total Due on Page 1.)

**Total Due:** \$ \_\_\_\_\_

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

**J. ADDITIONAL TIME SHEET:**

Itemized time must be in tenths of an hour.

Date	Time Code	Attorney Time In-Court	Attorney Time Out-of-Court	Location of Activity; Further Explanations, Notes, or Comments
<b>Total:</b>				

TOTAL FEES CLAIMED FOR THE ABOVE PROCEEDING

Enter grand total from above chart. (Add to Total Due on Page 1.)

**Total Due:** \$ \_\_\_\_\_

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

**J. ADDITIONAL TIME SHEET:**

Itemized time must be in tenths of an hour.

Date	Time Code	Attorney Time In-Court	Attorney Time Out-of-Court	Location of Activity; Further Explanations, Notes, or Comments
<b>Total:</b>				

TOTAL FEES CLAIMED FOR THE ABOVE PROCEEDING

Enter grand total from above chart. (Add to Total Due on Page 1.)

**Total Due: \$** \_\_\_\_\_