

COURT INVOICE FOR GUARDIAN AD LITEM

Guardian Ad Litem Appointed on Behalf of: Child(ren) (3730)(3741)/ Incarcerated Adult (3729)(3739)/
Incompetent Adult (3728)(3738) / Active Military Personnel (3730)(3741) /
Adult committed to Mental Health Facility (3727)(3740) /

Note: For minors and incompetent person(s)- only include first and last initial.

Name of Client: _____ Name of Client: _____

Name of Client: _____ Name of Client: _____

Payment Information: Social Security or FEIN: (Last 4 digits only) _____

Registered Vendor Name: _____

Address for remittance: _____

Phone: _____ Fax: _____ E-Mail _____

Case Information:

County: _____ Civil Action No. _____

Judge: _____ Date of Appointment: _____

Petitioner/Plaintiff: _____ Respondent/Defendant: _____

QUARTERLY BILLING

Quarterly billing period: (invoices to be submitted by the 10th of the month following the end of the quarter)

Qtr. 1 Jan. - Mar. **Qtr. 2** Apr. - Jun. **Qtr. 3** Jul.- Sept. **Qtr. 4** Oct. - Dec. **Final Invoice**

FEE TOTALS

Court Private

Fees Claimed This Invoice: (total auto-calculated from 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: \$ _____

Amount Payable by Court: (if half is paid by non-indigent party) \$ _____

(check here if half is to be paid by non-indigent party)

*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 and approved for payment.

Approved: _____ **Date:** _____

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
Total:				

TOTAL FEES CLAIMED FOR THE ABOVE PROCEEDING

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.

Attorney Name: _____ Case No.: _____ County: _____

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/YYYY	From City	To City	Mileage	Multiply By Rate	Purpose	Total
				X		
				X		
				X		
				X		
				X		
				X		
				X		
				X		
Total:						

TOTAL MILEAGE EXPENSES CLAIMED FOR THE ABOVE PROCEEDING

\$ _____

Attach additional sheets if necessary.

I have attached _____ additional mileage sheet(s)

III. ALLOWABLE OUT OF POCKET EXPENSES

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

Date	Vendor	Service Provided	Amount
Total:			

Evidence of payment required receipts attached

TOTAL EXPENSES CLAIMED FOR THE ABOVE PROCEEDING

\$ _____

Attach additional sheets if necessary.

I have attached _____ additional expense 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
Circuit and Family 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
Total:				

TOTAL FEES CLAIMED FOR THE ABOVE PROCEEDING

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
Total:				

TOTAL FEES CLAIMED FOR THE ABOVE PROCEEDING

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
Total:				

TOTAL FEES CLAIMED FOR THE ABOVE PROCEEDING

Total Due: \$