

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.

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		
				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: \$ _____