

INSTRUCTIONS

Appointed Attorney Voucher and Expense Statement

[GC35-921]

WHERE TO SUBMIT FORM:

If you are using this form, THE ESTATE OF THE PROTECTED PERSON MUST BE DEVOID OF FUNDS, and in addition the Circuit Judge must sign Form Order GC34-920SC making a finding that the estate is devoid of funds, that your fees are reasonable, and approving payment of your fees pursuant to *W.Va. Code § 44A-1-13*.

Your completed billing on this form (GC35-921), along with a copy of the Order GC34-920SC signed by the Circuit Judge is to be sent to:

West Virginia Supreme Court of Appeals
Administrative Office
Division of Court Services
State Capitol, Building One, Room E-100
1900 Kanawha Boulevard, East
Charleston, WV 25305-0832

If the estate of the protected person has funds, then you should be using Form GC8A *Appointed Attorney Hourly Rate and Fee Approval* and Form GC33-920E *Order Approving Payment from Estate: Appointed Attorney Fee and Expense*. Your billing for estate with funds should be made to the conservator of the protected person.

FORM USE:

The preferred method of completion of this form is to do so on the computer, as the totals will be auto-calculated for you. In addition, you can add up to four (4) additional pages for fees and/or expenses, if needed. If using the computer to complete the form, it is best to use the Tab key on your keyboard to navigate from field to field.

NOTE: This form may not function properly if you have Adobe 8 or earlier version installed on the computer you use to complete the form; you may have to upgrade to Adobe 9 or later version in order to complete this form on the computer.

You may save a blank copy of this form to your computer by:

1. Clicking one of the following:
 - **Save** button on the toolbar (image of a floppy disk)
 - File > Save As
2. Choose a save destination and name the form
3. Click **Save**

You can use the saved form on your computer to complete your voucher, adding to it as needed. **NOTE: To keep the blank form from being overwritten, be sure to save your working copy with a new name (by following the same steps as outlined above).**

It is also acceptable, but not suggested, to complete the form by hand. To do so, simply print out a blank copy of the form to begin. If completing the form by hand, you will have to manually calculate the totals. Also, if you need additional pages, you will have to create the documents yourself, similar to the tables for fees and expenses in the form. You may also save a blank copy of this form by following the steps as outlined above.

IMPORTANT NOTE REGARDING PRINTING THE FORM: Use the print button on the form (located on the the top of page 2) to properly print the form.

GUARDIAN/CONSERVATOR SERVICES

IN RE:

Case No.: _____ - G- _____

AN ALLEGED PROTECTED PERSON (*Initials only*)

Appointed Attorney Voucher and Expense Statement

From: _____, Appointed Attorney.

This claim relates to guardianship/conservatorship proceedings in _____ County, WV.

Date of appointment: _____ Date of disposition: _____

I. The following services were rendered in this proceeding:

TIME CODE CLASSIFICATIONS

OUT-OF-COURT

D - Driving/travel

W - Waiting in court

C - Conferences with client/witnesses

O - Other (specify): _____

R - Research, preparation of pleadings _____

IN-COURT

H - Hearings

ONLY ONE ITEM, "IN" OR "OUT" PER LINE

Use additional sheets properly numbered and identified if necessary.

Itemized time must be in tenths of an hour.

DATE	TIME CODE	ATTY TIME IN-COURT	ATTY TIME OUT-COURT	LOCATION OF ACTIVITY; FURTHER EXPLANATIONS, NOTES OR COMMENTS
Totals (this sheet):				

Number of Additional Time Sheets: _____

TOTAL TIME IN COURT:	_____	x \$80.00 =	_____
TOTAL TIME OUT OF COURT:	_____	x \$65.00 =	_____
TOTAL FEE CLAIM:			_____

G/C ATTORNEY SERVICES VOUCHER AND EXPENSES.

II. The following allowable expenses were incurred in this proceeding:

EXPENSE CODE:

Use additional sheets properly numbered and identified if necessary.

1. Mileage - include "to/from" and total miles traveled.
2. Out of Pocket Expenses, (*attach receipts*)
3. Other (specify): _____

ONLY ONE ITEM PER LINE

DATE	EXP. CODE	NOTES OR COMMENTS	COST
Total (this sheet):			

The Supreme Court will not reimburse for office expenses including but not limited to long distance phone calls, postage, invoice preparation time, paralegal / secretarial services and copying expenses.

III. Total Fee Claim: _____
 Total All Expense Claims: _____
 Total Claim for Proceeding: _____

I hereby affirm that the above statements are true and correct.

 DATE ATTORNEY SIGNATURE

 NAME OF PERSON OR FIRM RECEIVING PAYMENT S.S.N. OR F.E.I.N.

ADDRESS: _____

TELEPHONE NUMBER

CITY: _____ STATE: _____ ZIP: _____

ADDITIONAL SERVICES RENDERED - PAGE 1

DATE	TIME CODE	ATTY TIME IN-COURT	ATTY TIME OUT-COURT	LOCATION OF ACTIVITY; FURTHER EXPLANATIONS, NOTES OR COMMENTS
Totals (this sheet):				

ADDITIONAL EXPENSES INCURRED - PAGE 1

DATE	EXP. CODE	NOTES OR COMMENTS	COST
Total (this sheet):			

ADDITIONAL SERVICES RENDERED - PAGE 2

DATE	TIME CODE	ATTY TIME IN-COURT	ATTY TIME OUT-COURT	LOCATION OF ACTIVITY; FURTHER EXPLANATIONS, NOTES OR COMMENTS
Totals (this sheet):				

ADDITIONAL EXPENSES INCURRED - PAGE 2

DATE	EXP. CODE	NOTES OR COMMENTS	COST
Total (this sheet):			

ADDITIONAL SERVICES RENDERED - PAGE 3

DATE	TIME CODE	ATTY TIME IN-COURT	ATTY TIME OUT-COURT	LOCATION OF ACTIVITY; FURTHER EXPLANATIONS, NOTES OR COMMENTS
Totals (this sheet):				

ADDITIONAL EXPENSES INCURRED - PAGE 3

DATE	EXP. CODE	NOTES OR COMMENTS	COST
Total (this sheet):			

ADDITIONAL SERVICES RENDERED - PAGE 4

DATE	TIME CODE	ATTY TIME IN-COURT	ATTY TIME OUT-COURT	LOCATION OF ACTIVITY; FURTHER EXPLANATIONS, NOTES OR COMMENTS
Totals (this sheet):				

ADDITIONAL EXPENSES INCURRED - PAGE 4

DATE	EXP. CODE	NOTES OR COMMENTS	COST
Total (this sheet):			