

Family Court Invoice for Guardian Ad Litem

Guardian Ad Litem Appointed on Behalf of:

child(ren) incarcerated adult adult committed to mental health facility

Name of Guardian Ad Litem _____

Name of Client: _____ Client's Birth Date: _____

Name of Client: _____ Client's Birth Date: _____

Name of Client: _____ Client's Birth Date: _____

Payment Information:

Name of Person or Firm Receiving Payment: _____

Vendor's Social Security # or FEIN: _____

Vendor's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Case Information

County: _____ Civil Case No.: _____

Judge: _____

Petitioner _____ Respondent _____

FEE TOTALS

Fees Claimed: \$ _____

- GAL service of:
- Child (428)(429)
 - Incarcerated adult (352)(353)
 - Adult Committed to Mental Health Facility (354)(351)
 - Incompetent Adult (350)(351)

Mileage Claimed: \$.555 per mile (9-1-11) \$ _____

Total Claim for Proceeding
(Fees + Mileage) Not to exceed \$1,200.00(7-1-07) \$ _____

***AFFIRMATION - I hereby affirm that the above statements 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's Signature

Date

For office use only - Supreme Court Approval Signature:

Approved: _____

Date: _____

THE FOLLOWING SERVICES WERE RENDERED IN THIS PROCEEDING:

TIME CODE CLASSIFICATIONS	
In Court- \$65.00/hour	Out-of-Court- \$45.00/hour
H = Hearings	D = Driving or Travel
W = Waiting in Court	C = Conferences with client or witnesses
O = Other (must specify)	R = Research, preparation of pleadings
	I = Investigation
	O = Other (must specify)

Itemized time must be in tenths of an hour. Attach additional sheets if necessary. # of Additional Time Sheets _____

DATE	TIME CODE	ATTORNEY TIME IN-COURT	ATTORNEY TIME OUT-COURT	LOCATION OF ACTIVITY; FURTHER EXPLANATIONS, NOTES OR COMMENTS
Total				

TOTAL FEES CLAIMED FOR THE ABOVE PROCEEDING

Enter grand total from above chart and any attached charts \$ _____

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

Attorney Name: _____ Case # _____ County: _____

II. ALLOWABLE MILEAGE EXPENSES

Mileage reimbursed at a rate of \$0.50 per mile (1-1-10)

ONLY ONE ITEM PER LINE- Use only properly numbered additional sheets if necessary

DATE	MILES TRAVELED	MULTIPLY BY \$.50	PURPOSE	ORIGINATING CITY	DESTINATION CITY
TOTAL					

TOTAL MILEAGE EXPENSES CLAIMED FOR THE ABOVE PROCEEDING

Enter total cost from above chart

\$ _____

Please enter the following amounts below *and* also on page 1 of this voucher

Total service fees claimed for this proceeding \$ _____

Total mileage claimed for proceeding \$ _____

INVOICE GRAND TOTAL \$ _____

The Supreme Court will *not* reimburse guardians ad litem for office expenses including, but not limited to: long-distance telephone calls, postage, invoice preparation time, paralegal/secretarial services, copying expenses, and copying fees paid for medical records or court-related documents.

Remittance Instructions:

Attorneys: Please submit completed invoice to Family Court Judge's office.

Family Case Coordinator or Secretary Clerk: Please submit original invoice and Order Approving Payment to the Clerk of the Circuit Court.

Circuit Clerk: Please attach the original invoice to a certified "Order Approving Payment", including embossed seal, and submit both to:

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

