

COURT-FUNDED INVOICE PARENTING PLAN HOME STUDY

FUND 1759

EVALUATOR PAYMENT INFORMATION

Name of evaluator: _____

Make check payable to: _____

Address for remittance: _____

Phone: _____ Fax: _____ E-mail address: _____

Payee's Social Security Number or F.E.I.N. (whichever applies): _____

Highest Education completed: **“** Bachelors Degree **“** Masters Degree **“** Doctoral Degree

Field : **“** Psychology **“** Psychiatry **“** Counseling **“** Social Work **“** Law **“** Other

Return ORIGINAL to:
Pepper Fenner
WV Supreme Court
1900 Kanawha Boulevard East
Building. 1, Room E-100
Charleston, WV 25305

HOURLY RATE IS \$45.00 FOR OUT-OF COURT AND \$65.00 FOR IN-COURT, NOT EXCEEDING A TOTAL OF \$750.00

HOURS SPENT ON THE CASE (MUST BE ROUNDED TO TENTHS OF AN HOUR)

TASK	HOURS SPENT	RATE OF PAY	TOTAL
IN-COURT		65.00	
OUT-OF-COURT		45.00	
TOTALS		-	

BILLING INFORMATION:

Please pay the Parenting Plan Home Study Evaluator listed above \$ _____ for performing an evaluation on Case # _____ from _____ County

Amount of payment may not exceed \$750.00 per case

Evaluators's Signature _____ Date _____

** MUST be signed by parenting plan evaluator in blue ink*

Please attach a copy of the Judge's Order Approving Payment and a signed Independent Contractor's Agreement

Approved by Supreme Court: _____ Date: _____

Evaluator's Name: _____

PARENT CONTACT INFORMATION

Case # _____

(1) Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

(2) Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

SESSION INFORMATION:

County(ies) Conducted in: _____

Did either parent *fail* to attend the meeting? **//** Yes **//** No

If yes which parent(s) did not attend? **//** Mother **//** Father **//** Both

Had the parties reached an agreement before the scheduled evaluation?

// Yes, full agreement **//** Yes, partial agreement **//** No agreements reached

Whom did you interview? (Please list the name and the number of hours spent with each person)

Mother: _____ Number of hours _____

Father: _____ Number of hours _____

Child(ren): _____ Number of hours _____

_____ Number of hours _____

_____ Number of hours _____

_____ Number of hours _____

Other: _____ Number of hours _____

Other: _____ Number of hours _____

Other: _____ Number of hours _____