

# Family Court

## Invoice for *Guardian Ad Litem*

### ATTORNEY INFORMATION

*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: \_\_\_\_\_

Social Security # or FEIN: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### CASE INFORMATION

County \_\_\_\_\_ Civil Case No. \_\_\_\_\_

Judge \_\_\_\_\_

Petitioner \_\_\_\_\_ Respondent \_\_\_\_\_

### FEE TOTALS

Fees Claimed: NOT to exceed \$ 1,000.00 \$ \_\_\_\_\_

GAL service of:     Child (428)  
                           Incarcerated adult (352)  
                           Adult Committed to Mental Health Facility (350)

*Reasonable and Necessary Expenses* Claimed: \$ \_\_\_\_\_

GAL service of:     Child (429)  
                           Incarcerated adult (353)  
                           Adult Committed to Mental Health Facility (351)

**Total Claim for Proceeding (Fees + Expenses)** \$ \_\_\_\_\_

*\*AFFIRMATION - I hereby affirm that the above statements are true and correct.*

\_\_\_\_\_  
*Attorney's Signature*

\_\_\_\_\_  
*Date*

For office use only- Supreme Court Approval Signature:

Approved: \_\_\_\_\_ Date: \_\_\_\_\_



Expense codes	
M=	Mileage (at \$ 0.405 / per mile)
P=	Photocopying
O=	Other- must specify

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

DATE	EXP. CODE	NOTES OR COMMENTS	COST
TOTAL FEES			

TOTAL EXPENSES CLAIMED FOR THE ABOVE PROCEEDING	
Enter total from above chart	\$ _____

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

Total <i>fees</i> claimed for this proceeding	\$ _____
Total <i>expenses</i> claimed for this voucher	\$ _____
INVOICE GRAND TOTAL	\$ _____

**Attorneys, return completed invoice to Family Court Judge's office.**

Family Case Coordinator or Secretary Clerk, please submit original invoice and Order Approving Payment to: Debby Moore; WV Supreme Court of Appeals; 1900 Kanawha Blvd. E.; Building 1, Room E-100; Charleston, WV 25305

Attorney Name: \_\_\_\_\_ Case # \_\_\_\_\_ County: \_\_\_\_\_

