

**WEST VIRGINIA DEPARTMENT OF HEALTH FACILITIES
FORENSIC SERVICES**

Invoice for Court-Ordered Forensic Evaluation

1. Defendant/Case No.:	<input type="text"/>
2. Date(s) of Assessment:	<input type="text"/>
3. Evaluator:	<input type="text"/>
4. Judge/County:	<input type="text"/>

5. Type of Assessment (check as appropriate):
- Competency** (WV Code §27-6A-2)
 - Juvenile Competency** (WV Code §49-4-731)
 - Criminal Responsibility** (WV Code §27-6A-4)
 - Diminished Capacity** (WV Code §27-6A-4)
 - Dangerousness** (WV Code §27-6A-4(e), 27-6A-5(a), 27-6A-3(f))
 - Sex Offender Evaluation for Eligibility of Probation** (WV Code §62-12-2(e))

6. Activities/fees/total:

A. Face to Face and collateral interviews by approved evaluators (Total may not exceed \$1,500 for A. & B. combined)	<input type="text"/> hours x \$300.00	\$ <input type="text"/>
B. Face to Face by ancillary qualified (licensed) professionals (Total may not exceed \$1,500 for A. & B. combined)	<input type="text"/> hours x \$100.00	\$ <input type="text"/>
C. Record Review and/or consultation with attorney by approved evaluator (Total may not exceed \$1,500 for C. D. & E. combined)	<input type="text"/> hours x \$100.00	\$ <input type="text"/>
D. Record Review and organization by clerical staff (Total may not exceed \$1,500 for C. D. & E. combined)	<input type="text"/> hours x \$25.00	\$ <input type="text"/>
E. Record Review and/or consultation by other professional (Total may not exceed \$1,500 for C. D. & E. combined)	<input type="text"/> hours x \$50.00	\$ <input type="text"/>
F. Report by professional (Total may not exceed \$1,500.00)	<input type="text"/> hours x \$300.00	\$ <input type="text"/>
G. Psychological testing by approved evaluator (Total of G. & H. may not exceed \$1,500.00)	<input type="text"/> hours x \$200.00	\$ <input type="text"/>
H. Psychological testing by psychometrician or licensed psychologist (Total of G. & H. may not exceed \$1,500.00)	<input type="text"/> hours x \$100.00	\$ <input type="text"/>
	SUBTOTAL	\$ <input type="text"/>

***Subtotal (A thru H) may not exceed \$3,000.00.**

I. Travel by professional	<input type="text"/>	hours x \$100.00	<input type="text"/>	\$
J. Travel by other qualified professional or psychometrician	<input type="text"/>	hours x \$50.00	<input type="text"/>	\$
K. Medical records reimbursement fee (<i>Total may not exceed \$25.00</i>)			<input type="text"/>	\$
TOTAL INVOICE			<input type="text"/>	\$

To ensure prompt review and reimbursement of forensic evaluations, authorized evaluators are required to send the following documents to the Office of Health Facilities (OHF):

- 1) An OHF Invoice that is completely and accurately filled out and signed by the evaluator,
- 2) A copy of the signed, sealed or electronically filed court order that directs the evaluator to conduct the evaluation, and
- 3) A copy of the forensic evaluation which addresses the issue(s) before the court and is signed by the evaluator and his/her designee, if applicable.

I certify that this invoice and supporting documents are accurate to the best of my knowledge.

_____ Approved Evaluator Signature

***PLEASE TYPE ALL INFORMATION BELOW:**

Business Name/Pay To:

Address:

FEIN:

Invoice #:

Send documents to:

William R. Sharpe Jr. Hospital
 Attn: Pam Lamb
 936 Sharpe Hospital Road
 Weston, WV 26452