

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of Health Facilities

Invoice for Court-Ordered Forensic Evaluation

1. Defendant/Case No.:

2. Date(s) of Assessment:

3. Evaluator:

4. Judge/County:

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)**

hours x \$300.00      \$

B. Face to Face by ancillary qualified (licensed) professionals  
**(Total may not exceed \$1,500 for A. & B. combined)**

hours x \$100.00      \$

C. Record Review and/or consultation with attorney by approved evaluator  
**(Total may not exceed \$1,500 for C. D. & E. combined)**

hours x \$100.00      \$

D. Record Review and organization by clerical staff  
**(Total may not exceed \$1,500 for C. D. & E. combined)**

hours x \$25.00      \$

E. Record Review and/or consultation by other professional  
**(Total may not exceed \$1,500 for C. D. & E. combined)**

hours x \$50.00      \$

F. Report by professional **(Total may not exceed \$1,500.00)**

hours x \$300.00      \$

G. Psychological testing by approved evaluator  
**(Total of G. & H. may not exceed \$1,500.00)**

hours x \$200.00      \$

H. Psychological testing by psychometrician or licensed psychologist  
**(Total of G. & H. may not exceed \$1,500.00)**

hours x \$100.00      \$

**SUBTOTAL**      \$

**\*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"/>	\$
<b>TOTAL INVOICE</b>			<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