

**West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Invoice for Court-Ordered Forensic Evaluation**

Send Invoice to:

Bureau for Behavioral Health and Health Facilities
350 Capitol Street, Room 350
Charleston, West Virginia 25301-3702

1. Date(s) of Assessment: _____
Name: _____ Judge/County: _____

2. Type of Assessment (check as appropriate):
 Competency
 Not Guilty by Reason of Mental Illness
 Sexual Offender Appropriateness for Community Placement

3. Activities/time spent/subtotal:

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. Travel by professional **(Not included in cap)**
_____ hours x \$100.00 \$ _____

G. Travel by other qualified professional or psychometrician
(Not included in cap)
_____ hours x \$50.00 \$ _____

H. Report by professional **(Total may not exceed \$1,500.00)**
_____ hours x \$300.00 \$ _____

I. Psychological testing by approved evaluator
(Total of I. & J. may not exceed \$1,500.00)
_____ hours x \$200.00 \$ _____

J. Psychological testing by psychometrician or other licensed psychologist
(Total of I. & J. may not exceed \$1,500.00)
_____ hours x \$100.00 \$ _____

TOTAL INVOICE \$ _____

*Please note that the caps for each category may not be exceeded.

*Please note the cost of the overall evaluation may not exceed \$3,000.00, excluding the cost of travel.

*You must attach a copy of the **Court Order with a raised seal** which authorizes the evaluation **and a copy of the signed evaluation.**

I certify that this invoice is accurate to the best of my knowledge.

Approved Evaluator Signature (blue ink only)

Business Name/Pay to:

(All information below must be typed)

Address: _____

FEIN: _____

INVOICE: _____