W.Va. Crime Victims Compensation Fund 1900 Kanawha Blvd., E., Rm. W-334 Charleston, WV 25305-0610

Page 1

Attorney Fee Voucher

21/		Claimant	Claim No. CV-
эу		Claimant:	Claim No. CV
		Leg	this claimant in connection with the claim cited above. gal Services
Date	Hours <u>IN</u>	Hours <u>OUT</u>	Brief explanation of activity (time and research)
	Court	of Court	
		1	
IN!	_	h =	20 - 00 - 4
me IN cou	t	hours x \$8	0.00 = \$

Total Legal Services \$_____ (enter this amount on page 2)

Reimbursable Expenses

Page 2

The	followi	ng services	were rendere	d to this	s claimant in	connection	with Claim No	. CV-	

Date	Type of Evpance (talanhana traval n	octoro	Notes or Comments	Cost
Date	Type of Expense (telephone, travel, p Expert witness, and court reporter	ostage,	Notes of Comments	Cost
	Expert withess, and court reporter			
,				
			Tatal Expanses C	
Summary			Total Expenses \$	
Julilliai y				
	Legal Services (from page 1)		\$	
(Obj d	code 3250)			
Total	Reimbursable Expenses (from page 2))	+	
	code 3251)			
	Total Claim		\$	
nereby certif	y that the statements contained herein ar	e true and	correct.	
2	for Companyion or Portuguehin	_	Complete here for Individual	
ompiete nere	for Corporation or Partnership		Complete here for Individual	
Payee's Signati	ıre		Payee's Signature	
Pavee's Name	(please print or type)		Payee's Name (please print or type)	
ayee's Name	(please plint of type)		r ayees rame (piease print or type)	
lailing Address		OR	Mailing Address	
City	State Zip	-	City State	Zip
			State State	,p
Co	prp Partnership			
EIN:			SSN:	
mail (please print clearly)			E-mail (please print clearly)	

Note: State warrant for attorney fees will be issued in name(s) as completed above.

"An attorney shall not contract for or receive any larger sum than the amount allowed under this section." W.Va. Code §14-2A-19.