STATE OF NORTH CAROLINA	File No.
In The General Court of Justice	97 Crs 39580
☐ District ☒ Superior Court Division	y
	Film No.
Guilford	
County	
STATE VERSUS	
Defendant	ORDER FOR EXPERT
RONNIE LEE KIMBLE	WITNESS FEE G.S. 7A-314(d)
	G.G. 174-014(u)
From the Petition heard in this matter it appears to the	ne Court that the person named below was compelled to attend
Court and testify;	of such making and abaractor as to admit him as an export
	y of such nature and character as to admit him as an expert
witness;	rovided below concerning this witness and his testimony is true
	Ovided below concerning the manage and the seementy is the
and correct. It is ORDERED that the amount listed below be allowed.	ed this witness, to be paid by the State of North Carolina.
I(IS ONDERED that the amount noted below to am	
Mail this form to:	Date December 4, 1997
Controller	Signature of Judge
Administrative Office of the Courts	Signature of source for the Start
P.O. Box 2448	
Raleigh, N.C. 27602	
Witness Name	COMPENSATION ALLOWED
Charles G. Guyer II, Ed.D.	COMPERSATION ACCORDED
Address	120.00
407-C Parkway Drive	Hourly Rate \$ 120.00
City, State, Zip	No. Hours To Be Paid 11.17
Greensboro, NC 27401	No. Hours To Be Paid 11.17
Social Security No./Federal Id. No. $56-2002348$	Amount Earned \$1,340.00
56-2002346 Field of Expertise/Occupation	
Licensed Psychologist	Other Compensation
Licensed Tayenorogiso	(mileage, lodging etc.
Testified on behalf of Prosecutor Defendant X Indigent Defendan	nt please itemize below) \$
Date Testimony Given	Total Compensation \$1,340.00
Itemization of Other Compens Item Description and Dat	sation Amount
Item Description and Dat	-
	\$
	\$
	\$
For Use By Controller. A	dministrative Office of the Courts
DATE	AMOUNT R FRC OBJECT RCC PROGRAM
JNL DEPT/DIV FUND CONTROL	AMOUNT R FRC OBJECT HCC PROGRAM
	21 - 32 33 - 34 35 - 38 39 - 42 43 - 49
4 0 2 0 0 0 7500	
	REFERENCE
Approved by Date	DIST. NUMBER IDENTIFICATION
	47-48 54 — 59 62 — 63
	3, 3, 3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
, 60	

Charles G. Guyer II, Ed.D.

407-C Parkway Drive, Greensboro, North Carolina 27401 Telephone 910-230-0016 Fax 910-230-0233

Fellow of American Psychological Association
Diplomate in Counseling Psychology
American Board of Professional Psychology
Diplomate in Family Psychology
American Board of Professional Psychology
Diplomate in Forensic Medicine
American Board of Forensic Medicine
Diplomate in Medical Psychotherapy
American Board of Medical Psychotherapy
Licensed Psychologist NC, VA, SC, OH, WV, WY

Individual and Group Psychotherapy Clinical Hypnosis (Hypnotherapy) Marital and Family Psychology Sex Therapy Child and Adolescent Psychology Substance Abuse Medical Psychology Pain Management

BILLING FOR

RONNIE KIMBLE

	CLINICAL TIME	TIME SPENT SCORING, INTERPRETING, AND WRITING REPORT
 Wechsler Adult Intelligence Scale-Revised 	90 min.	30 min.
 Bender-Visual-Motor Gestalt Test 	15 min.	15 min.
3. House-Tree-Person Test	15 min.	15 min.
4. Kinetic Family Drawing Test	15 min.	15 min.
5. Rorschach Method	50 min.	240 min.
6. Minnesota Multiphasic Personality Inventory-2	10 min.	40 min.
7. Clinical interview	60 min.	N/A
8. Second clinical interview	60 min.	
TOTAL TIME:	315 min.	355 min
TOTAL TIME:	670 min.	
Billed at \$120 per hour.		
TOTAL DUE: \$1,340.00		
Charles G. Guyer II, Ed.D., F.A.F.	P., F.A.Co.P.	

Charles G. Guyer II, Ed.D., F.A.F.P., F.A.Co.P. Licensed Psychologist (Health Service Provider #0694)

CGG/tds