

No. _____

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IN THE DISTRICT COURT OF

HARRIS COUNTY, TEXAS

_____ JUDICIAL DISTRICT

vs.

ORDER – APPOINTEE’S FEES AND PAYMENT¹

_____, SBOT # (if applicable) _____, was appointed in the above referenced cause as:

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> ad litem | <input type="checkbox"/> commissioner | <input type="checkbox"/> hearing officer | <input type="checkbox"/> personal rep | <input type="checkbox"/> temp guardian |
| <input type="checkbox"/> administrator | <input type="checkbox"/> court visitor | <input type="checkbox"/> interpreter | <input type="checkbox"/> physician | <input type="checkbox"/> trustee |
| <input type="checkbox"/> amicus atty | <input type="checkbox"/> doctor | <input type="checkbox"/> investigator | <input type="checkbox"/> psychologist | <input type="checkbox"/> umpire |
| <input type="checkbox"/> appraiser | <input type="checkbox"/> executor | <input type="checkbox"/> master | <input type="checkbox"/> receiver | <input type="checkbox"/> other |
| <input type="checkbox"/> arbitrator | <input type="checkbox"/> friend of the crt | <input type="checkbox"/> master in chancery | <input type="checkbox"/> referee | _____ |
| <input type="checkbox"/> atty ad litem | <input type="checkbox"/> guardian | <input type="checkbox"/> mediator | <input type="checkbox"/> social worker | |
| <input type="checkbox"/> cert public acct | <input type="checkbox"/> guardian ad litem | <input type="checkbox"/> perm guardian | <input type="checkbox"/> temp guardian | |

The Court ORDERS payment in the amount of \$ _____. Payment is to be made from the payment source indicated below:

- | | | | | |
|---------------------------------------|---|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> applicant | <input type="checkbox"/> insurance | <input type="checkbox"/> plaintiff | <input type="checkbox"/> the parties | <input type="checkbox"/> other |
| <input type="checkbox"/> county | <input type="checkbox"/> managing conservator | <input type="checkbox"/> possessory conservator | <input type="checkbox"/> trust | _____ |
| <input type="checkbox"/> defendant | <input type="checkbox"/> municipality | <input type="checkbox"/> pro bono | <input type="checkbox"/> trustee | |
| <input type="checkbox"/> estate | <input type="checkbox"/> no activity | <input type="checkbox"/> registry of the court | <input type="checkbox"/> unknown | <input type="checkbox"/> named person |
| <input type="checkbox"/> general fund | <input type="checkbox"/> parent or guardian | <input type="checkbox"/> state | | _____ |

If fees exceed \$1,000.00 indicate the number of billed hours and billed expenses.

Billed Hours	Billed Expenses
	\$ _____

The payments ordered above may be reassessed as costs. See TEX. R. CIV. P. 131 & 141. Such payments are not in addition to, but are included in any amounts reflected in the Court’s judgment.

<input type="checkbox"/> agreed	<input type="checkbox"/> not agreed	<input type="checkbox"/> agreed	<input type="checkbox"/> not agreed
Attorney		Attorney	
SBN		SBN	
Address:		Address	
Phone		Phone	
Counsel for		Counsel for	

Approved on _____

Hon. _____
Judge, _____ District Court

¹ TEX. SUP. CT. MISC. DOCKET ORDER # 07-9188 (eff. 10/30/07); TEX. GOV’T CODE §36.004.