

Cause No. _____

of

County, Texas

ORDER APPROVING COURT-APPOINTEE FEES

Name of person or entity appointed _____ Bar # _____

Position to which appointed _____

Relationship to ward/deceased _____

Source (*payor*) of fees _____

of hours billed _____

Billed Expenses _____

Amount requesting _____

Amount of fees approved _____

(Court Use Only)

IT IS THEREFORE ORDERED that the approved fees and expenses for services rendered in this cause shall be paid from the source listed above within thirty (30) days of the date hereof.

DATE _____

Judge Presiding

Please attach any itemized request for services or expenses.