

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.