

When submitting this form through the efile system, please use filing code "No Fee Documents".

Cause No. _____

§ _____

§ of _____

§ Orange County, Texas

Order to Report Authorization of Court-Appointed Fees

In an order dated _____, the Court ordered that fees in the amount of \$_____ were to be paid from/by _____ to the court appointee in this cause, _____ (bar number if attorney: _____). The fees were associated with services the named court-appointee performed as: _____ (Place an X next to your selection below.)

<u>Position to which appointed:</u>	<u>Appointee's Relationship to Ward or Deceased:</u>	<u>Source of fee:</u>
<input type="checkbox"/> Attorney Ad Litem	<input type="checkbox"/> Attorney	<input type="checkbox"/> Applicant
<input type="checkbox"/> Guardian Ad Litem	<input type="checkbox"/> Friend or Family Member	<input type="checkbox"/> County
<input type="checkbox"/> Guardian	<input type="checkbox"/> Private Professional Guardian	<input type="checkbox"/> Defendant
<input type="checkbox"/> Mediator	<input type="checkbox"/> Public Guardianship Program	<input type="checkbox"/> Estate
<input type="checkbox"/> Competency Evaluator	<input type="checkbox"/> _____	<input type="checkbox"/> General Fund
		<input type="checkbox"/> Insurance
		<input type="checkbox"/> Managing Conservator
		<input type="checkbox"/> Named Person
		<input type="checkbox"/> The Parties
		<input type="checkbox"/> Plaintiff
		<input type="checkbox"/> Possessory Conservator
		<input type="checkbox"/> Registry of the Court
		<input type="checkbox"/> State
		<input type="checkbox"/> Trust
		<input type="checkbox"/> Trustee

In compliance with Texas Government Code Chapter 36, the Court orders the reporting of these fees.

Signed on _____.

Presiding Judge

¹ A physician or psychologist who performs examinations to determine whether an individual is incapacitated or has an intellectual disability for purposes of appointing a guardian for the individual.