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.