**CAUSE NO.** Click here to enter text.

Click here to enter text. **§ IN THE DISTRICT COURT OF**

 **§**

**vs. § HARRIS COUNTY, TEXAS**

 **§**

Click here to enter text. **§** Click **JUDICIAL DISTRICT**

**APPOINTEE FEE REPORT**

By agreement of the parties / order of the Court Click here to enter text., SBOT #Click here to enter text. was appointed in the above referenced cause as:

[ ] guardian ad litem [ ] attorney ad litem [ ] mediator [ ] master [ ] commissioner

**Party Making Payment:**

[ ] Defendant (s)

[ ] Plaintiff (s)

[ ] Other Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Payment [[1]](#footnote-1)** | **Billed Expenses, if any** | **Billed Hours** |
| $ | $ |  |
| $ | $ |  |
| $ | $ |  |
| Total: $ |  |

[ ] arbitrator [ ] umpire [ ] receiver [ ] trustee [ ] other

The appointee’s fee/expenses to be paid are as follows:

Such payments 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 judgment.

 [ ] agreed [ ] not agreed [ ] agreed [ ] not agreed

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney: Attorney:

 SBN: SBN:

 Address: Address:

 Phone: Phone:

 Counsel for: Counsel for:

 Email Address: Email Address:

 [ ] agreed [ ] not agreed [ ] agreed [ ] not agreed

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney: Attorney:

 SBN: SBN:

 Address: Address:

 Phone: Phone:

 Counsel for: Counsel for:

 Email Address: Email address:

1. If fees are greater than $1,000.00, the appointee may provide written details of the hours worked and expenses (attach additional pages as necessary). [↑](#footnote-ref-1)