**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:

agreed not agreed agreed not agreed

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

Attorney: Attorney:

SBN: SBN:

Address: Address:

Phone: Phone:

Counsel for: Counsel for:

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)