NO. _____

IN THE MATTER OF THE GUARDIANSHIP OF	§	IN THE PROBATE COURT
_____ MINOR/INCAPACITATED PERSON	§	NO. ONE
THE ESTATE OF _____, DECEASED	§	BEXAR COUNTY, TEXAS

ORDER AUTHORIZING PAYMENT OF APPOINTEE FEE

ON THIS DAY, the Court considered the application of _____herein referred to as "Applicant."

Applicant is a(n): ◯Attorney ◯Social Worker ◯Physician ◯Other: _____

Judge _____ appointed Applicant on _____

Applicant was appointed as a(n):

☐Attorney Ad Litem ☐Guardian Ad Litem ☐Guardian ☐Administrator(ix) ☐Physician

☐Appraiser ☐Interpreter ☐Receiver ☐Other: _____

Applicant's address is: _____ .

Applicant's Texas Bar Number is (if applicable): _____

Applicant's Appointee Code: _____

Applicant rendered services on behalf of _____, who is a(n)
NAME OF RECIPIENT OF SERVICES

☐Incapacitated person ☐Minor ☐Unknown Heir ☐Other: _____,

resulting in fees in the amount of $_____, (_____ hours at $_____ per hour) and expenses in the amount of $_____, for a total award of $_____, which the Court hereby finds is reasonable and just, and **should be paid within 30 days from the date this order is signed**.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED THAT _____ as a court appointed _____, shall be paid the total sum of $_____ to be taxed

- □ as costs in the proceeding:
- □ as statutory commission to be paid within _____ days from date of this order:
- □ by Guardianship/Probate Applicant.
- □ from funds of the Estate by _____ Guardian; ____ Administrator(ix);
  ____ Executor(ix). _____ Trustee
- □ other: _____
  _____ Bexar County fund 303 (all 1102 related fees/costs)
  _____ Bexar County fund 100 (all fees on indigents)

And that further, such appointment shall:

- □ hereby terminate.
- □ terminate in _____ days from the date of this order.
- □ continue until further order of this Court.

Signed this _____ day of _____, 20_____

_____
JUDGE PRESIDING