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.)

Position to which appointed:

____ Attorney Ad Litem
____ Guardian Ad Litem
____ Guardian
____ Mediator
____ Competency Evaluator [1]

Appointee’s Relationship to Ward or Deceased:

____ Attorney
____ Friend or Family Member
____ Private Professional Guardian
____ Public Guardianship Program
____ Not Applicable

Source of fee:

___ Applicant
___ County
___ Defendant
___ Estate
___ General Fund
___ Insurance
___ Managing Conservator
___ Named Person
___ The Parties
___ Plaintiff
___ Possessory Conservator
___ Registry of the Court
___ State
___ Trust
___ 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.