**Cause#**

|  |  |  |
| --- | --- | --- |
| **PLAINTIFF NAME** | **§** | **IN THE DISTRICT COURT** |
|  | **§** |  |
| **VS.** | **§** | **HARRIS COUNTY, TEXAS** |
|  | **§** |  |
| **DEFENDANT NAME** | **§** | **189TH JUDICIAL DISTRICT** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPOINTEE FEE REPORT** | | | | | | | | | | | |
| By agreement of the parties/order of the court **Appointed Attorney – SBOT#** was appointed in the above referenced cause as: | | | | | | | | | | | |
| ☐-guardian ad litem | | | ☐- attorney ad litem | | | ☐-mediator | | ☐-master | | ☐-commissioner |  |
| ☐-arbitrator | | ☐-umpire | | ☐-receiver | ☐-trustee | | ☐**-**other: | | | | |
| The appointee fee/expenses to be paid are as follows: | | | | | | | | | | | |
| **Payment[[1]](#footnote-1)** | | **Billed Expenses, if any** | | | | **Billed Hours** | | | **Party Making Payment:** | | |
| $ | | $ | | | |  | | | ☐- Defendant(s) | | |
| $ | | $ | | | |  | | | ☐**-** Plaintiff(s) | | |
| $ | | $ | | | |  | | | ☐- Other: | | |
| *Total:* | *$* | | | | |  | | | | | |
| *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, if any.* | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ☐ | - Agreed | | ☐ | - Not agreed |  | ☐ | - Agreed | | ☐ | - Not agreed | |
|  | | /s/ | | |  |  | | /s/ | | | |
| Attorney: | |  | | |  | Attorney: | |  | | | |
| SBN: | |  | | |  | SBN: | |  | | |  |
| Address: | |  | | |  | Address: | |  | | | |
| Phone: | |  | | |  | Phone: | |  | | | |
| Counsel for: | |  | | |  | Counsel for: | |  | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ☐ | - Agreed | | ☐ | - Not agreed |  | ☐ | - Agreed | | ☐ | - Not agreed | |
|  | | /s/ | | |  |  | | /s/ | | | |
| Attorney: | |  | | |  | Attorney: | |  | | | |
| SBN: | |  | | |  | SBN: | |  | | |  |
| Address: | |  | | |  | Address: | |  | | | |
| Phone: | |  | | |  | Phone: | |  | | | |
| Counsel for: | |  | | |  | Counsel for: | |  | | |  |

Approved and Ordered:

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

Presiding Judge

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)