NO. _____

IN THE MATTER OF	§	IN THE PROBATE COURT
THE GUARDIANSHIP OF	§	
_____	§	NO. ONE
MINOR/INCAPACITATED PERSON		
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