

THE STATE OF TEXAS FOR THE BEST)
INTEREST AND PROTECTION OF THE)
FOLLOWING AS MENTALLY ILL PERSONS)

IN THE PROBATE COURT
NUMBER _____ OF
TARRANT COUNTY, TEXAS

SWORN STATEMENT OF SERVICES AND EXPENSES BY ATTORNEY IN MENTAL HEALTH APPOINTMENT

_____, appointed by the Court for matters filed during the week beginning _____, 20 __, known to me and who personally appeared on this day, who first being duly sworn upon oath to tell the truth, deposed and stated: "I am an attorney licensed to practice law in the State of Texas and appointed by the Court in this cause. Prior to any trial or hearing in this cause, I counseled with each proposed patient and advised the proposed patient of his/her rights under the Constitution of the United States and the Constitution and Laws of the State of Texas. In each case, I rendered legal services which were necessary and reasonable under the circumstances. The case reference number of each case and the disposition of each case is shown as follows:

Disposition: 1. TSP 2. TSP (pending transfer) 3. NTSH 4. Millwood 5. Springwood 6. Dropped 7. Continued 8. Released 9. Other (specify)

- | | | |
|-------------|-------------|-------------|
| 1. # _____ | 13. # _____ | 25. # _____ |
| 2. # _____ | 14. # _____ | 26. # _____ |
| 3. # _____ | 15. # _____ | 27. # _____ |
| 4. # _____ | 16. # _____ | 28. # _____ |
| 5. # _____ | 17. # _____ | 29. # _____ |
| 6. # _____ | 18. # _____ | 30. # _____ |
| 7. # _____ | 19. # _____ | 31. # _____ |
| 8. # _____ | 20. # _____ | 32. # _____ |
| 9. # _____ | 21. # _____ | 33. # _____ |
| 10. # _____ | 22. # _____ | 34. # _____ |
| 11. # _____ | 23. # _____ | 35. # _____ |
| 12. # _____ | 24. # _____ | 36. # _____ |

TOTAL FEES REQUESTED: \$ 2,200.00

SUBSCRIBED AND SWORN TO on the ___ day
of _____, 20__.

Notary Public, State of Texas

Attorney Signature: _____
Attorney Name: _____
Attorney Address: _____

Phone Number: _____ Bar ID#: _____
Taxpayer ID/SS#: _____

ORDER

On this day, the foregoing was heard and considered by this Court, and the Court finds that said Attorney has rendered necessary services on behalf of the Proposed Patient, that such Attorney's fees and expenses are reasonable and just, and should be paid.

It is therefore, ORDERED that _____ be paid the total sum of \$ 2,200.00 from funds of Tarrant County, pursuant to §571.017, Texas Health and Safety Code.

Signed this ___ day of _____, 20__.

Judge Presiding

THE STATE OF TEXAS FOR THE BEST)
INTEREST AND PROTECTION OF THE)
FOLLOWING AS MENTALLY ILL PERSONS)

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TARRANT COUNTY, TEXAS

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_____, appointed by the Courts for matters filed during the week beginning _____, 20 __, known to me and who personally appeared on this day, who first being duly sworn upon oath to tell the truth, deposed and stated: "I am an attorney licensed to practice law in the State of Texas and appointed by the Courts in this cause. Prior to any trial or hearing in this cause, I counseled with each proposed patient and advised the proposed patient of his/her rights under the Constitution of the United States and the Constitution and Laws of the State of Texas. In each case, I rendered legal services which were necessary and reasonable under the circumstances. The case reference number of each case and the disposition of each case is shown as follows:

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1. # _____	10. # _____	19. # _____
2. # _____	11. # _____	20. # _____
3. # _____	12. # _____	21. # _____
4. # _____	13. # _____	22. # _____
5. # _____	14. # _____	23. # _____
6. # _____	15. # _____	24. # _____
7. # _____	16. # _____	25. # _____
8. # _____	17. # _____	
9. # _____	18. # _____	

TOTAL FEES REQUESTED: \$500.00 _____ \$1,000.00 _____ \$1,500.00 _____ \$2,000.00 _____ \$2,200.00 _____

SUBSCRIBED AND SWORN TO on the ___ day
of _____, 20__.

Notary Public, State of Texas

Attorney Signature: _____
Attorney Name: _____
Attorney Address: _____

Phone Number: _____ Bar ID#: _____
Taxpayer ID/SS#: _____

ORDER

The Courts find that said Attorney has rendered necessary services on behalf of the Proposed Patient, that such Attorney's fees and expenses are reasonable and just, and should be paid.

It is therefore, ORDERED that _____ be paid the total sum of \$ _____ from funds of Tarrant County, pursuant to §571.017, Texas Health and Safety Code.

Signed this ___ day of _____, 20__.

Judge Presiding, Probate Court One

Signed this ___ day of _____, 20__.

Judge Presiding, Probate Court Two