

CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS  
FOR THE BEST INTEREST  
AND PROTECTION OF

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§  
§  
§  
§

IN COUNTY COURT AT LAW  
NO FOUR (4) OF  
MONTGOMERY COUNTY, TEXAS

**ORDER APPROVING APPOINTMENT FEES,  
STATEMENT OF SERVICES & EXPENSES BY  
ATTORNEY ON MENTAL HEALTH APPOINTMENT**

On \_\_\_\_\_, the Court appointed \_\_\_\_\_, State Bar No. \_\_\_\_\_ as attorney on Mental Health Appointment.

On this day personally appeared \_\_\_\_\_, known to me, who first being duly sworn upon oath to tell the truth, deposed and stated: "I DID / DID NOT (*strike one*) counsel with my client, \_\_\_\_\_, the proposed patient, and I DID / DID NOT (*strike one*) advise him/her rights under the Constitution of the United States and the Constitution and laws of the State of Texas." The nature of services rendered in the defense of this action on behalf of my client by myself or someone in my employ is as follows:

**Appointment & Representation**

- 1. Up to Probable Cause – (dismissed) \_\_\_\_\_ \$100.00
- 2. Up to and including Probable Cause hearing (with waiver) \_\_\_\_\_ \$200.00
- 3. Up to and including Probable Cause hearing (in person appearance) \_\_\_\_\_ \$300.00
- 4. Through Probable Cause hearing and Commitment Trial. \_\_\_\_\_ \$500.00
- 5. Modification/Medication following trial. \_\_\_\_\_ \$125.00
- 6. Competency Restoration/Forensic Medication Hearing (**Criminal**) \_\_\_\_\_ \$300.00

**MONTGOMERY COUNTY MENTAL HEALTH TREATMENT FACILITY**

Expenses & Reimbursement Requested: (*Please check appropriate line and complete same*).  
Parking Charges, Long Distance Calls, or other Expenses (**attach proof & explanation**)

Signature of Attorney \_\_\_\_\_

\_\_\_\_\_ Phone number

Address: \_\_\_\_\_

\_\_\_\_\_

SUBSCRIBED and SWORN TO before me by the aforesaid attorney on \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public or Court Clerk**

**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, ADJUDGED and DECREED** that requested appointment fees be approved, and that the above named attorney be paid the total sum of \$\_\_\_\_\_ from funds of Montgomery County, pursuant to Section 571.017; 571.018 and 574.107, of the Texas Health & Safety Code.

Signed on \_\_\_\_\_

\_\_\_\_\_  
**Judge Presiding**