☐ STATE O ☐IN THE M ☐ IN THE E	of			\$ \$ \$ \$ \$	IN THE HCCL #1 HCCL #2 OF HUNT COUNT	TY, TEXAS	
	APPOINTEE'S	S APPLICAT	FION FOR P	AYME	NT (	OF FEES AND EXPE	INSES
On this day appearedaffirms:				, her	reina	fter referred to as "Ap	pointee" and swears and
1. I was app	ointed by the Cour	t, in the abov	e referenced n	natter, to	serv	ve in the capacity stated	d below:
a. d.		or b.		eter			Evaluator
2. The date o	of appointment, dat	es services w	ere rendered a	and the s	tatus	s of case are as follows	:
a.	Date of Appointm						
b.	b. Dates Services Rendered:			to			
c.	c. Status of Case:			or		Open (Request for Inte	erim Billing)
3. The fees a	nd expenses for m	y services as .	Appointee are	:			
a.	Fee: <i>*Supporting documentation / Inva</i> <i>attached hereto as Exhibit A</i>				e is r	equired and must be	\$
b.	Expenses:	*Supporting documentation/Invoice is required and must be \$					

4. Regarding the performance of the services provided and the fees/expenses I have performed all of the services required of me with due diligence. I am familiar with reasonable and customary fees charged by appointees in such matters and based on my experience and training, the compensation and expenses claimed herein were reasonable and necessary to provide effective assistance as appointee indicated above. I therefore request the following fees and expenses for my services. I understand I must attach hereto as *"Exhibit A"* an itemized statement and explanation of all fees incurred relative to my services as Appointee. I further understand if I have any expenses and/or reimbursements, I must attach hereto as *"Exhibit B"* an itemized statement and explanation of all expenses and/or reimbursements incurred relative to my services as Appointee. The Hunt County Auditor has been provided with my current address and TIN or IRS form W-9.

Date

(Print Name)

## **ORDER ON PAYMENT OF FEES AND EXPENSES**

After reviewing the above Application, the Court **APPROVES** the Application and **ORDERS** the Hunt County Auditor to issue payment of the following amounts:

FEE: \$\_\_\_\_\_ EXPENSES: \$\_\_\_\_\_