

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

The undersigned attorney, appointed by the Courts for matters filed for the time period shown below, 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:

Disposition: 1. TSP 2. TSP (pending transfer) 3. NTSH-LCA 4. NTSH-LCA (pending transfer) 5. NTSH 6. Private Hospital (pending transfer) 7. Dropped 8. Continued 9. Released 10. Other (specify)

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

TOTAL FEES REQUESTED: (1-5) \$500.00 (6-10) \$1,000 (11-15) \$1,500 (16-20) \$2,000 (21+) \$2,200

SUBSCRIBED AND SWORN on

Notary Public, State of Texas

Attorney Signature: _____
Attorney Name: _____
Address: _____
E-Mail Address: _____
Phone Number: _____ Bar ID#: _____
Taxpayer ID/SS#: XX-XXX or XXX-XX-
Time Period: the week beginning _____, 20

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 said ATTORNEY _____ be paid the total sum of \$ _____ from funds of Tarrant County, pursuant to §571.017, Texas Health and Safety Code, and equally divided between the funds below.

Signed on ____ day of _____, 2021

Signed on ____ day of _____, 2021

Judge Presiding, Probate Court One
Charge to: Probate Court One
Fund: 584031/10000-_____/4230100000

Judge Presiding, Probate Court Two
Charge to: Probate Court Two
Fund: 584031/10000-_____/4230200000

Email completed form to:
MHGeneral@tarrantcounty.com