NO. _____

THE STATE OF TEXAS	§	IN THE COUNTY COURT
FOR THE BEST INTEREST	§	
AND PROTECTION OF	§	AT LAW NO. ____ ( ) OF
	§	
_____	§	FORT BEND COUNTY, TEXAS

AFFIDAVIT FOR REIMBURSEMENT

BEFORE ME, the undersigned authority, personally appeared _____, known to me to be the person whose signature appears below, who, after being duly sworn by me, upon his/her oath did swear and affirm as follows:

"My name is _____. I am an employee of _____. I am competent to make this affidavit having personal knowledge of the facts my sworn statement sets forth herein. My address is _____ and I can be reached at the following telephone number: (_____) _____ - _____.

That on or about the _____ day of _____, 20_____, _____ advanced or paid court costs for the treatment of _____.

I hereby certify that _____ has:

_____ received no ***compensation*** for the treatment of _____ for whom court costs have been paid or advanced.

_____ not received ***reimbursement*** for the treatment of _____ for whom court costs have been paid or advanced.

_____ provided treatment for the person under a contract with a local mental health authority.

_____ provided treatment for the person and only received reimbursement under Medicaid.

I have attached the following additional information in support of the MOTION & AFFIDAVIT FOR REIMBURSEMENT: _____
_____
_____

_____ Additional pages attached

I make these representations with knowledge under the penalty of perjury governed by Texas Penal Code Sections 37.02 and 37.03."

SIGNED AND DATED this _____ day of _____, 20_____.

_____
AFFIANT

GIVEN under my hand and seal of office, this _____ day of _____, 20_____.

_____
Notary Public, State of Texas

Mail or Email to:
Fort Bend County Auditor
301 Jackson St., Ste 701
Richmond, TX 77469
Auditor@fbctx.gov