NO. _____

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

MOTION FOR REIMBURSEMENT

Now comes, _____ hereinafter called "**Movant**," and files this MOTION FOR REIMBURSEMENT in the above and titled cause, pursuant to Texas Health & Safety Code Section 571.018(j), to refund the costs paid or advanced in the amount of _____.

Movant certifies in the attached **AFFIDAVIT FOR REIMBURSEMENT** that _____ has:

_____ not received ***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.

WHEREFORE, Movant prays that the County Court grants Movant's relief consistent with Texas Health & Safety Code Section 571.018(j), by submission, where there is no objection to said motion.

Dated this the _____ day of _____, 20_____.

Respectfully submitted,

_____
Signature