NO. _____

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

ORDER ON MOTION FOR REIMBURSEMENT

On this day, the Court considered Movant's MOTION FOR REIMBURSEMENT in the above and titled cause, to obtain a refund of costs paid or advanced for the treatment of _____.

In making this finding, the Court considered Movant's AFFIDAVIT certifying that it has: *(please select one)*

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

_____ not received ***reimbursement*** for 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.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that pursuant to Texas Health & Safety Code Section 571.018(j), the Clerk of the Court in Fort Bend County shall refund the costs to Movant, in the amount of _____.

Signed and dated this _____ day of _____, 20_____.

_____
Presiding Judge