Clerk's Certification of Court Costs and Fees and Transmission of Order for Payment in Proceeding to Waive Parental Notification and Consent (Form 2G)

Director, Fiscal Division
Texas Department of Health
1100 West 49th Street
Austin TX 78756

Re: *In re Jane Doe*

Cause No. _____

Court: _____

County: _____

Dear Sir or Madam:

Please find enclosed a certified copy of an Order issued on _____, 20___, in the referenced case. Please pay the amounts to the payees as stated in the Order.

In accordance with the Order, I certify the following fees and costs for payment as follows:

Amount: $_____

Name of the Clerk: _____

Address : _____

Tax Identification No.: _____ Thank you.

Sincerely,

_____

[seal]

Name: _____

Position: _____

Encl.: Certified copy of Order