

Bill To:
Reverend Robert Wilson
Catholic Diocese
800 West Loop 820 South
Fort Worth, TX 76108

Bill as of: May 31, 2001

| Date | Transaction | Session Charge | Total Owed |
|-----------|--------------------------|----------------|------------|
| 5/11/2001 | Individual Psychotherapy | \$90.00 | \$90.00 |
| 5/25/2001 | Individual Psychotherapy | \$90.00 | \$90.00 |

DOCUMENT IS NOT TO BE REPRODUCED.

Please Pay this Amount:

\$180.00

This bill reflects dates of service.

CONFIDENTIAL

10-04-04 Order
0389

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE DISCLOSED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

CATHOLIC DIOCESE OF FORT WORTH

ACCOUNTS PAYABLE Drive

Accounting Use Only

VENDOR NO. ENTERED BY/DATE:

DATE: TAX PAYER ID NO:

PLEASE PAY TO: PAYMENT RELAY ESTO:
DIOCESE
FOUNDATION

| INVOICES TO BE PAID | | | CHARGE TO: | |
|---------------------|--------------|----------|------------|----------|
| INVOICE NO. | INVOICE DATE | AMOUNT | DEPT | AMOUNT |
| | 7/1/2001 | 180.00 | 78800 01 | 180.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | \$180.00 | | \$180.00 |

DOCUMENT IS NOT TO BE REPRODUCED

DESCRIPTION OF ORDER:
Counseling Services

PAYMENT INSTRUCTIONS:

AUTHORIZED BY: *[Signature]*

Accounting Use Only

ACCOUNTING:

5119a - DIO AP

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0390

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

Bill to:
Reverend Robert Wilson
Catholic Diocese
800 West Loop 820 South
Fort Worth, TX 76108

Bill as of: Jul 1, 2001

| Date | Transaction | Session Charge | Total Owed |
|-----------|--------------------------|----------------|------------|
| 6/8/2001 | Individual Psychotherapy | \$90.00 | \$90.00 |
| 6/21/2001 | Individual Psychotherapy | \$90.00 | \$90.00 |
| | | \$180.00 | \$180.00 |

DOCUMENT IS NOT TO BE REPRODUCED.

Please Pay this Amount:

\$180.00

This bill reflects dates of service for:

10-04-04 Order
0391

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

Bill To:
Reverend Robert Wilson
Catholic Diocese
2001 West Loop East South
Fort Worth, TX 76108

Bill as of: Jul 31, 2001

| Date | Transaction | Session Charge | Total Owed |
|-----------|--------------------------|----------------|------------|
| 7/5/2001 | Individual Psychotherapy | \$90.00 | \$90.00 |
| 7/19/2001 | Individual Psychotherapy | \$90.00 | \$90.00 |
| | | \$180.00 | \$180.00 |

DOCUMENT IS NOT TO BE REPRODUCED

This bill reflects dates of service for

10-04-04 Order
0393

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE DISCLOSED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

CATHOLIC DIOCESE OF FORT WORTH

ACCOUNTS PAYABLE Drive

Accounting Use Only

VENDOR NO. ENTERED BY/DATE

DATE: 09/07/01 TAX PAYER ID NO.

PLEASE PAY TO: PAYMENT REFERENCES TO: DIOCESE OF FORT WORTH FOUNDATION

| INVOICES TO BE PAID | | | CHARGE TO: | | | |
|---------------------|--------------|----------|------------|---------|--------|----------|
| INVOICE NO. | INVOICE DATE | AMOUNT | DEPT. | PROJECT | AMOUNT | |
| | 9/1/01 | 180.00 | 78800 | 01 | 8571 | 180.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | \$180.00 | | | | \$180.00 |

DOCUMENT IS NOT TO BE REPRODUCED

THESE MUST EQUAL

DESCRIPTION OF ORDER: Counseling Services
AUTHORIZED BY: *[Signature]*

Accounting Use Only
ACCOUNTING:

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order 0394

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE DISCLOSED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE

Bill To:
Reverend Robert Wilson
Catholic Diocese
800 West Loop South
Fort Worth, TX 76108

Bill as of: Sep 1, 2001

| Date | Transaction | Session Charge | Total Owed |
|-----------|--------------------------|----------------|------------|
| 8/2/2001 | Individual Psychotherapy | \$90.00 | \$90.00 |
| 8/14/2001 | Payment -- | | \$0.00 |
| 8/16/2001 | Individual Psychotherapy | \$90.00 | \$90.00 |

\$180.00 \$180.00

DOCUMENT IS NOT TO BE REPRODUCED.

Please Pay this Amount

This bill reflects dates of service. If
please feel free to call

If you have any questions

10-04-04 Order
0395

CATHOLIC DIOCESE OF FORT WORTH

ACCOUNTS PAYABLE Drive

Accounting Use Only

VENDOR NO. ENTERED BY/DATE

DATE: 10/05/01 TAXPAYER ID NO.

DIocese of Fort Worth FOUNDATION

Table with columns: INVOICES TO BE PAID (INVOICE NO., INVOICE DATE, AMOUNT) and CHARGE TO (ACCOUNT, DEPT., AMOUNT). Total amount \$180.00.

DOCUMENT IS NOT TO BE REPRODUCED

THESE MUST EQUAL

DESCRIPTION OF ORDER: Counseling Services AUTHORIZED BY: [Signature]

Accounting Use Only ACCOUNTING:

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order 0396

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

CATHOLIC DIOCESE OF FORT WORTH

ACCOUNTS PAYABLE Drive

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE _____

DATE 11/13/01 CHECK NUMBER NO. _____

PLEASE PAY TO: _____

PAYMENT RELATES TO: DIOCESE FOUNDATION

| INVOICES TO BE PAID | | | CHARGE TO: | | |
|---------------------|--------------|---------|-------------|---------|---------|
| INVOICE NO. | INVOICE DATE | AMOUNT | ACCOUNT NO. | DEPT. | AMOUNT |
| | 03/1/2001 | 90.00 | 788840 | 01 8571 | 90.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | \$90.00 | | | \$90.00 |

THESE MUST EQUAL

DOCUMENT IS NOT TO BE REPRODUCED

DESCRIPTION OF ORDER: counseling services

PAYMENT INFORMATION: Please mail check and two copies in the same self-addressed, stamped envelope

AUTHORIZED BY: *AW*

Accounting Use Only

ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order 0397

COPY

Bill To:
Reverend Robert Wilson
Catholic Diocese of Fort Worth
800 West Loop South
Fort Worth, TX 76108

BILL FOR

Bill as of: Nov 1, 2001

| Date | Transaction | Session Charge | Total Owed |
|------------|------------------------|----------------|------------|
| 10/12/2001 | Individual Psychothera | \$90.00 | \$90.00 |
| | | \$90.00 | \$90.00 |

DOCUMENT IS NOT TO BE REPRODUCED

CONFIDENTIAL

10-04-04 Order
0398

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

CATHOLIC DIOCESE OF FORT WORTH

ACCOUNTS PAYABLE Drive

Accounting Use Only

VENDOR NO: _____ ENTERED BY/DATE: _____

DATE: 12/11/01 TAXPAYER ID NO: _____

PLEASE PAY TO: _____
 PAYMENT RELEASED TO: DIOCESE FOUNDATION

| INVOICES TO BE PAID | | | CHARGE TO | | |
|---------------------|--------------|---------|-------------|---------|---------|
| INVOICE NO. | INVOICE DATE | AMOUNT | ACCOUNT NO. | DEPT | AMOUNT |
| | 12/1/01 | 90.00 | 788800 | 01 8571 | 90.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | \$90.00 | | | \$90.00 |

DOCUMENT IS NOT TO BE REPRODUCED

THESE MUST EQUAL

DESCRIPTION OF ORDER:
 counseling

PAYMENT INSTRUCTIONS:

AUTHORIZED BY: _____ *[Signature]*

Accounting Use Only
 ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0399

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

Bill To:
Reverend Robert Wilson
Catholic Diocese of Fort Worth
800 West Loop 820 South
Fort Worth, TX 76108

Bill For:

Bill as of: Dec 1, 2001

| Date | Transaction | Session Charge | Total Owed |
|------------|--------------------------|----------------|------------|
| 11/17/2001 | Individual Psychotherapy | \$90.00 | \$90.00 |
| | | \$90.00 | \$90.00 |

DOCUMENT IS NOT TO BE REPRODUCED.

Please Print Amount: \$90.00

CONFIDENTIAL

10-04-04 Order
0400

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

CATHOLIC DIOCESE OF FORT WORTH

ACCOUNTS PAYABLE Drive

Accounting Use Only
VENDOR NO. ENTERED BY DATE

DATE 01/16/02 TAX PAYER ID NO.

PLEASE PAY TO: PAYMENT REQUEST TO:
DIOCESE OF FORT WORTH FOUNDATION

Table with columns: INVOICE NO., INVOICE DATE, AMOUNT, CHECK NO., DEPT., AMOUNT. Totals: \$90.00

DOCUMENT IS NOT TO BE REPRODUCED

THESE MUST EQUAL

DESCRIPTION OF ORDER:
Counseling services
AUTHORIZED BY: [Signature]

Accounting Use Only
ACCOUNTING:

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order 0401

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

Bill To:
Reverend Robert Wilson
Catholic Diocese of Fort Worth
860 West Loop South
Fort Worth, TX 76108

Bill For:

Bill as of: Jan 1, 2002

| Date | Transaction | Session Charge | Total Owed |
|-------------------------|--------------------------|----------------|------------|
| 12/7/2001 | Individual Psychotherapy | \$90.00 | \$90.00 |
| | | \$90.00 | \$90.00 |
| Please Pay this Amount: | | | \$90.00 |

DOCUMENT IS NOT TO BE REPRODUCED.

CONFIDENTIAL

10-04-04 Order
0402

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

CATHOLIC DIOCESE OF FORT WORTH

ACCOUNTS PAYABLE

Drive

Accounting Use Only

| | |
|------------|-----------------|
| VENDOR NO. | ENTERED BY/DATE |
|------------|-----------------|

| | |
|----------------|-----------------|
| DATE: 02/19/02 | TAXPAYER ID NO. |
|----------------|-----------------|

| | |
|----------------|--|
| PLEASE PAY TO: | PAYMENT REQUEST TO: |
| | <input checked="" type="checkbox"/> DIOCESE <input type="checkbox"/> FOUNDATION |

| INVOICES TO BE PAID | | | CHARGE TO: | | | |
|---------------------|--------------|--------|-----------------|------|-------|--------|
| INVOICE NO. | INVOICE DATE | AMOUNT | ACCOUNT | FUND | DEPT. | AMOUNT |
| | 2/7/2002 | 180.00 | 788800 | 401 | 8571 | 180.00 |
| \$180.00 | | | \$180.00 | | | |

DOCUMENT IS NOT TO BE REPRODUCED

| | |
|-----------------------|-----------|
| DESCRIPTION OF ORDER: | |
| counseling services | |
| REMARKS: | |
| AUTHORIZED BY: | <i>RW</i> |

| | |
|----------------------------|--|
| <i>Accounting Use Only</i> | |
| ACCOUNTING: | |

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0403

COPY

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

Bill To:
Reverend Robert Wilson
Catholic Diocese of Fort Worth
800 West Loop B20 South
Fort Worth, TX 76108

Bill For:

Bill as of: Feb. 7, 2002

| Date | Transaction | CPT Code | Length | Units | Session Charge | Total Owed |
|----------|--------------------------|----------|--------|-------|----------------|------------|
| 1/4/2002 | Individual Psychotherapy | 90806 | 60 | 1 | \$90.00 | \$90.00 |
| 2/1/2002 | Individual Psychotherapy | 90806 | 60 | | \$90.00 | \$90.00 |
| | | | 120 | | \$180.00 | \$180.00 |

DOCUMENT IS NOT TO BE REPRODUCED
Please Pay this Amount: 180.00

CONFIDENTIAL

10-04-04 Order
0404

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE. ANY VIOLATION WILL BE TREATED AS CONTEMPT OF COURT.

CATHOLIC DIOCESE OF FORT WORTH

ACCOUNTS PAYABLE Drive

Accounting Use Only

VENDOR NO: ENTERED BY: DATE:

DATE: 04/18/02 TAX PAYER ID NO:

PLEASE PAY TO: PAYMENT REFERENCES TO: DIOCESE FOUNDATION

| INVOICES TO BE PAID | | | CLEAR TO: | | | |
|---------------------|--------------|---------|-------------|-----|--------|---------|
| Invoice # | INVOICE DATE | AMOUNT | ACCOUNT NO. | CHK | AMOUNT | AMOUNT |
| | 4/16/02 | 90.00 | 788806 | 01 | 8571 | 90.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | \$90.00 | | | | \$90.00 |

DOCUMENT IS NOT TO BE REPRODUCED.

THESE MUST EQUAL

DESCRIPTION OF ORDER: counseling services. Please mail. AUTHORIZED BY: P.W.

Accounting Use Only. ACCOUNTING:

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order 0405

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

Bill To:
Reverend Robert Wilson
Catholic Diocese of Fort Worth
800 West Loop B20 South
Fort Worth, TX 76108

Bill For:

Bill as of: Apr 16, 2002

| Date | Transaction | CPT Code | Length | Session Charge | Total Owed |
|----------|--------------------------|----------|--------|----------------|------------|
| 4/5/2002 | Individual Psychotherapy | 90886 | 60 | \$90.00 | \$90.00 |
| | | | 60 | \$90.00 | \$90.00 |

Please Pay this Amount:

\$90.00

DOCUMENT IS NOT TO BE REPRODUCED.

COUNSEL FOR FORT WORTH DIOCESE

10-04-04 Order
0406

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.