BILL OF COSTS JUDICIAL HOSPITALIZATION

INSTRUCTIONS: Form JH-C1 must be submitted within 90 days of the final disposition of case. The clerk shall retain one copy and forward the original to the Director of the Administrative Office of the Courts, Nashville City Center, Suite 600, 511 Union Street, Nashville, TN 37219.

| STATE OF TENNESSEE | County of |
|--|--|
| Court | Clerk |
| IN THE MATTER OF | |
| Order entered of | , 20 Docket # |
| Directions: For items 1-3, only one amount should be enter it corresponds. Then enter any amounts applicable under 1. T.C.A. § 8-21-401 (b)(2)(C)(3) Clerks of Pro The clerks of various courts administering estates, gua and other probate matters are entitled to receive the for For filing a request for letters of guardianship and con process and cost bond; entering order and issuing ce conservatorship, not including fee of the sheriff; and inclu closing, regardless of court where filed | bate Court, and others rdianships, conservatorships, llowing fee: servatorship issuing all initial tificate of guardianship and ding final accounting and order |
| 2. T.C.A. § 8-21-401 (b)(2)(C)(5) Clerks of Cir For filing requests under the mental health law, compilentering return, and entering judgments after hearing, | ed in title 33, issuing notices, not including fee of sheriff \$50.00 |
| 3. T.C.A. § 8-21-401 (f)(1) Clerks of General S Standard filing fee covering all initial court clerk's costs in general sessions court including hearings regardi commitments | for initiating a civil proceeding ng short term mental health |
| 4. T.C.A. § 8-21-901(3)(D) Sheriff Fees Travel expenses- The sheriff shall be entitled to the serequired to transport a prisoner to a hospital or other metacounty or state for a judicially ordered evaluation. §8-21-901(b) Notwithstanding other provisions of this seemileage allowance permitted under this section, which which otherwise represents a cost to the state, shall be lineallowable immediately prior to May 28, 1977. Guards or Sheriff Statement Attached | ental health facility in another tion to the contrary, any fee or s assessed against the state or |
| 5. T.C.A. \$ 8-21-901 Other Sheriff Fees Other-Specify | |
| 6. T.C.A. \$ 24-4-101 Witness Fees | |