



SUPREME COURT OF TEXAS PERMANENT JUDICIAL COMMISSION FOR CHILDREN, YOUTH AND FAMILIES

Justice Eva Guzman, Chair

Tina Amberboy, Executive Director

## Texas Board of Legal Specialization Attorney Examination Fee Reimbursement

Congratulations on successfully completing the exam and becoming Board Certified in Child Welfare Law by the Texas Board of Legal Specialization (TBLS). In appreciation of your hard work and dedication, the Children's Commission would like to offer to reimburse your \$250 examination fee.

### Reimbursement Instructions:

- Complete the "Payment Information" section below in full. Your social security number is required by the State's accounting system to process payments.
- A copy of your TBLS exam fee payment confirmation should be attached to the email with this form.
- Reimbursement form and payment confirmation can be emailed to [patrick.passmore@txcourts.gov](mailto:patrick.passmore@txcourts.gov) or mailed to:

Children's Commission  
ATTN: Patrick Passmore  
P.O. Box 12248  
Austin, Texas 78711

- Contact Patrick Passmore at (512) 463-4924 or by email at [patrick.passmore@txcourts.gov](mailto:patrick.passmore@txcourts.gov) with any questions.

PAYMENT INFORMATION:	
Name: _____	Social Security Number: _____
Title: _____	Email: _____
Mailing Address: _____	Phone: _____
City/State/Zip: _____	Fax: _____
<b>Total</b>	
<b>\$250.00</b>	
<b>I CERTIFY THAT:</b>	
1. The amounts listed are actual expenses paid personally by me for the purpose stated.	
2. I have not been nor will be reimbursed from any other source for any of the expenses listed.	
3. This request is correct to the best of my knowledge.	
Payee Signature: _____	Date: _____
<p><b>This form may be e-signed and sent to <a href="mailto:patrick.passmore@txcourts.gov">patrick.passmore@txcourts.gov</a>. All required supporting documentation should be scanned and attached in the email with form. Or, send completed form and all required documentation to: PO Box 12248, Austin, TX 78701</b></p>	
For Commission Use Only	
Commission Approval _____	Date _____
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