

CONFIDENTIAL

DOCUMENT IS 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 REPRODUCTION WILL BE TREATED AS CONTEMPT OF COURT.

801 10 7321 04132 032
TOTAL 15.00 SENR 15.00
DEBIT CARD 15.00 CHANGE .00

THANK YOU FOR FASTER SERVICE, CALL IN YOUR PRESCRIPTION 24 HOURS IN ADVANCE

15.00 EFT DEBIT
CARD *****9356
HOST SER # 001013 PAYMENT FROM PRIMARY

RETAIN THIS RECEIPT FOR YOUR RECORDS

OCTOBER 3, 2000 2:27 PM

10-04-04 Order
0355

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 REPRODUCTION WILL BE TREATED AS CONTEMPT OF COURT.

September 23, 2000

has changed the dosage and timing for my Wellbutrin. Please find enclosed a receipt for same. Consider this an invoice for same.

Also, I have spoken to my HR person who handles insurance problems. She stated I would probably get the \$7.99 refunded. If that happens, I'll forward that same amount to you.

Total: \$15.00

Thank you,

DOCUMENT IS NOT TO BE REPRODUCED.

10-04-04 Order
0356

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER/ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE _____

DATE: **October 26, 2000** TAX PAYER ID NO. _____

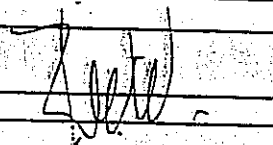
PLEASE PAY TO: _____
PAYMENT REQUESTS TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			CHARGES TO			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
10-26-00	10/31/00	270.00	0496	11	001	270.00

DOCUMENT IS NOT TO BE REPRODUCED. THESE MUST EQUAL

DESCRIPTION OF ORDER:
individual psychotherapy

PAYMENT INSTRUCTIONS:

AUTHORIZED BY: 

Accounting Use Only
ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order 0357

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 South
Fort Worth, TX 76108

Bill as of: Oct 31, 2000

Date	Transaction	Session Charge	Total Owed
10/2/2000	Individual Psychotherapy	\$90.00	\$90.00
10/9/2000	Individual Psychotherapy	\$90.00	\$90.00
10/16/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$270.00	\$270.00
Please Pay this Amount:			\$270.00

DOCUMENT IS NOT TO BE REPRODUCED.
THIS REFLECTS DATES IN SERIAL FOR

CONFIDENTIAL

10-04-04 Order
0358

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.

10-27-07

Diocese of Fort Worth

I don't understand this bill
 It treats the Diocese as an insurance
 company, which we are not. I have
 submitted it to your insurance company
 and they have accepted it. I will
 check that you pay the Diocese
 Co-insurance of the Diocese. On a
 daily basis. I will pay the bill
 continue payment through May 31, 2008.

The Catholic Center - 1801 West Loop East, Suite 1000, Fort Worth, Texas 76108-2919, 817/360-3300

DOCUMENT IS NOT TO BE REPRODUCED

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10-04-04 Order
 0359

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
REVEREND ROBERT WILSON
800 W. LOOP, 620 SOUTH
FT. WORTH, TX 76108

HEALTH INSURANCE CLAIM FORM

1. PATIENT'S NAME (Last, First, Middle Initial) _____
2. PATIENT'S ADDRESS (No. & Street) _____
3. PATIENT'S RELATIONSHIP TO INSURED _____
4. EMPLOYMENT (CURRENT OR PREVIOUS) _____
5. DATE OF BIRTH _____
6. SEX _____
7. OTHER INSURED'S PLAN OR GROUP NUMBER _____
8. EMPLOYER'S NAME OR SCHOOL NAME _____
9. PLAN NAME OR PROGRAM NAME _____
10. DATE OF CURRENT ILLNESS OR INJURY _____
11. DATE OF SERVICE _____
12. PROCEDURE, SERVICE OR SUPPLY _____
13. DIAGNOSIS CODE _____
14. CHARGES _____
15. AMOUNT PAID _____
16. BALANCE DUE _____

SIGNED _____ DATE 01/25/2000 SIGNED _____
17. DATE OF CURRENT ILLNESS OR INJURY (Specify date of onset or date of diagnosis) _____
18. DATE OF SERVICE (Specify date of procedure, service or supply) _____
19. PROCEDURE, SERVICE OR SUPPLY (Specify procedure, service or supply) _____
20. DIAGNOSIS CODE (Specify ICD-9-CM code) _____
21. CHARGES (Specify charges) _____
22. AMOUNT PAID (Specify amount paid) _____
23. BALANCE DUE (Specify balance due) _____

24. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS AND PHONE NUMBER _____
25. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If not same as patient's address) _____
26. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS AND PHONE NUMBER _____

27. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include MD or DDS degree if applicable) _____
28. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If not same as patient's address) _____
29. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS AND PHONE NUMBER _____

30. RECEIPT NUMBER _____
31. PATIENT'S ACCOUNT NO. _____
32. TOTAL CHARGE _____
33. AMOUNT PAID _____
34. BALANCE DUE _____

35. DATE OF CURRENT ILLNESS OR INJURY _____
36. DATE OF SERVICE _____
37. PROCEDURE, SERVICE OR SUPPLY _____
38. DIAGNOSIS CODE _____
39. CHARGES _____
40. AMOUNT PAID _____
41. BALANCE DUE _____

42. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS AND PHONE NUMBER _____
43. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If not same as patient's address) _____
44. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS AND PHONE NUMBER _____

45. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include MD or DDS degree if applicable) _____
46. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If not same as patient's address) _____
47. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS AND PHONE NUMBER _____

48. RECEIPT NUMBER _____
49. PATIENT'S ACCOUNT NO. _____
50. TOTAL CHARGE _____
51. AMOUNT PAID _____
52. BALANCE DUE _____

53. DATE OF CURRENT ILLNESS OR INJURY _____
54. DATE OF SERVICE _____
55. PROCEDURE, SERVICE OR SUPPLY _____
56. DIAGNOSIS CODE _____
57. CHARGES _____
58. AMOUNT PAID _____
59. BALANCE DUE _____

COPIED

RECEIVED

APPROVED BY: AMA COUNCIL ON MEDICAL SERVICE BEE

PLEASE PRINT OR TYPE

FORM HCF-100 (07/97)
FORM CAC-101 (07/97)

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October 29, 2000

Re: Your Note Dated 10/27/00

You received that bill because [redacted] has cancer, was an emission, and relapsed. He can no longer see patients, at least for now (I'm told, "indefinitely").

It angers me that I have to tell you about my most personal of problems, but in order for you to understand what has transpired, I see no other way. I went through a crisis that quite nearly had me hospitalized, one that had me contemplating suicide [redacted] was on the verge of having me institutionalized, but I promised her I wouldn't harm myself, and if those thoughts re-occurred, to call her immediately, and we'd go to the hospital. She then instructed me to call my physician without delay as she thought it might be medication related. Since [redacted] was not available, I was put in contact with [redacted] office [redacted] how the billing was set up.

I have used all my available physician's benefits. And if you really want to get picky about it, I'll have [redacted] office print up all the co-pays I made before [redacted] office began sending them to you, which probably are in the range of \$150 - \$200.00.

I don't understand your refusal to pay this. I do appreciate the tone of your note. When I first began therapy [redacted] the abuse issue came out, I saw a therapist in [redacted]

At that time she outlined what my options would be, and one of those options was monetary compensation for pain and suffering. She was quite serious about this. I told her I didn't want anything to do with your money. I just wanted my life back - the one that was so horrendously taken from me by a Catholic priest, someone I looked up to, and trusted. Someone who led many parishioners to believe what he said was the absolute truth, including my family. All the while leading a second, secret life, that as a pedophile. I am still angry for what he did to me, and all the years that have passed while I went on, making the same mistakes over and over, never realizing it was because of [redacted]. It's been [redacted] that has shown me the path I must take, and I am determined to take it, even as difficult as it is, because I need to undo the damage done by "monsignor"

Stupidly - you cannot ever hope to know the extent of the disfigurement he did to my inner self. He affected every facet of my life, from interacting with my family and friends to having relationships with a significant other. I have lost friends along the way, because they couldn't understand why I acted the way I did. And I didn't understand it either. I am healing, and yes, it IS a slow process. Tearing down walls that have been up for thirty years is going to take some time. And therapy. And medication. And the bills that are inherent in such a monumental task

10-04-04 Order
0361

such as this. Eventually, I will have control over my life, and "he" won't.

It's amazing that, even though he's dead, he still exerts some control in my life.


When I have worked through this, and get my self-esteem, among other things, back, you'll be the first to know. Until such time, I don't expect to receive any more notes quibbling over a few dollars.

Sincerely,

DOCUMENT IS NOT TO BE REPRODUCED.

CONFIDENTIAL

10-04-04 Order
0362

 Diocese of Fort Worth

Copy

November 10, 2000

Dear _____

Thank you for your letter of October 29. I am sorry that my inquiry caused you pain. It looked to me from the forms as though the psychiatrist's office had filed an insurance claim with us by mistake. Now that I understand the situation, I have authorized the payment to _____ Our finance office will also be sending the \$15 copay you requested.

As I asked _____ to tell you the Diocese of Fort Worth will continue to pay those counseling and related medical bills through March 31, 2001 at which time we will bring our relationship to a conclusion. At that time we will have exceeded our usual counseling allowance by a full year. However, we wanted to provide help to you.

I am very sorry for your pain and hope that your support of the counseling has been of help and will be through next March.

Be assured of my prayers.

Sincerely yours in Christ,

Rev. Robert W. Wilson
Chancellor, Moderator of the Curia

CONFIDENTIAL

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10-04-04 Order
0363

The Catholic Center
800 West Loop 820 South • Fort Worth, Texas 76108-2919 • 817/560-3300 • Fax 817/244-8839

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CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

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

DATE: <u>11-10-70</u>	TAXPAYER ID NO. _____
-----------------------	-----------------------

PLEASE PAY TO: _____	PAYMENT REFERENCE NO. _____
_____	DIOCESE
_____	FOUNDATION

INVOICES TO BE PAID			CHARGES		
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	AMOUNT
<u>11/4</u>	<u>4-25-60</u>	<u>175.00</u>	<u>7888-01</u>	<u>8571</u>	<u>175.00</u>
<u>10-36-60</u>	<u>70.00</u>	<u>70.00</u>	<u>✓</u>	<u>✓</u>	<u>70.00</u>
	<u>236.00</u>				<u>\$245.00</u>
		<u>50.00</u>			<u>50.00</u>

DOCUMENT IS NOT TO BE REPRODUCED

DESCRIPTION ORDER:	<u>Counseling -</u>
	<u>One check</u>
PAYMENT INSTRUCTIONS:	<u>Put above dates and</u>
AUTHORIZED BY:	<u>[Signature]</u>

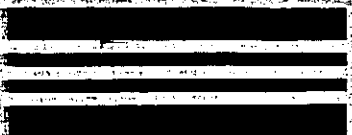
<i>Accounting Use Only</i>
ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0364

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.

PLEASE DO NOT STAPLE IN THIS AREA



CATHOLIC DIOCESE
REVEREND ROBERT WILLSON
1800 W. LOOP 1820 SOUTH
Ft WORTH, TX 76108

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) _____

3. PATIENT'S BIRTH DATE _____ SEX _____

4. INSURED'S NAME (Last Name, First Name, Middle Initial) _____

5. PATIENT'S ADDRESS (No. Street) _____

6. PATIENT'S RELATIONSHIP TO INSURED _____

7. INSURED'S POLICY OR GROUP NUMBER _____

8. EMPLOYER'S NAME OR SCHOOL NAME _____

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) _____

10. IS PATIENT'S CLAIM RELATED TO _____

11. INSURED'S DATE OF BIRTH _____

12. EMPLOYER'S NAME OR SCHOOL NAME _____

13. INSURANCE PLAN NAME OR PROGRAM NAME _____

14. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO

15. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE _____

16. EMPLOYER'S NAME OR SCHOOL NAME _____

10/25/2000

SIGNED

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE _____

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM/DD/YY TO MM/DD/YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO \$ CHARGES _____

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY RELATIVE TO THE DATE BY ICD-9-CM _____

22. MEDICAID RESUBMISSION CODE _____ ORIGINAL REF ID# _____

DATE(S) OF SERVICE FROM	DATE(S) OF SERVICE TO	PROCEDURES, SERVICES, OR SUPPLIES	DIAGNOSIS CODE	CHARGES	PAID	REMAINING	REMARKS
9/25/2000	11/25/2000	111190801		175.00			

10-04-04 Order 0365

23. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE _____

24. TOTAL CHARGE \$ 175.00

25. AMOUNT PAID \$ _____

26. BALANCE DUE \$ 175.00

DATE 0/25/2000

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.

PLEASE
DO NOT
STAPLE
IN THIS
AREA

CATHOLIC DIOCESE
REVEREND ROBERT WILSON
800 W. LOOP 820 SOUTH
Ft WORTH, TX 76108

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN (SSN/GRID) FECA (BLK/LUNG) (SSN) OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) _____

3. PATIENT'S BIRTH DATE (MM/DD/YY) _____ SEX M F

4. PATIENT'S ADDRESS (Street) _____

5. PATIENT'S CITY, STATE, ZIP CODE _____

6. PATIENT'S TELEPHONE (Area Code) _____

7. INSURED'S NAME (Last Name, First Name, Middle Initial) _____

8. INSURED'S ADDRESS (No. Street) _____

9. INSURED'S CITY, STATE, ZIP CODE _____

10. INSURED'S TELEPHONE (Area Code) _____

11. OTHER INSURED'S POLICY OR GROUP NUMBER _____

12. EMPLOYMENT (CURRENT OR PREVIOUS) YES NO

13. EMPLOYER'S NAME OR SCHOOL NAME _____

14. DATE OF CURRENT ILLNESS (From symptoms) OR INJURY (Accident) OR PREGNANCY (Date) _____

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS (Date) _____

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM) _____ TO _____

17. MEDICAL RESUBMISSION (Code) _____ ORIGINAL REFNO. _____

18. PRIOR AUTHORIZATION NUMBER _____

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO CHARGES _____

21. MEDICAL RESUBMISSION (Code) _____ ORIGINAL REFNO. _____

22. PRIOR AUTHORIZATION NUMBER _____

DATE(S) OF SERVICE (From To)	PROCEDURE, SERVICE, OR SUPPLY (Specify Unusual Circumstances)	DIAGNOSIS (Code)	\$ CHARGES	DAY(S) PERSON (Family Plan)	EMG	COS	RESERVED FOR LOCAL USE
10/26/2000 to 10/26/2000	90862	1	70.00	1			

23. TOTAL CHARGE \$ 70.00

24. AMOUNT PAID \$ 0.00

25. BALANCE DUE \$ 70.00

26. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including Degrees or Credentials) _____

27. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home of office) _____

28. PHYSICIAN'S LICENSE NUMBER (State) _____

SIGNED _____ DATE 0/30/200

DOCUMENT IS NOT TO BE REPRODUCED

COUNSEL

10-04-04 Order
0366

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

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

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

DATE: 7/1 - 1/1 - 2013	TAX PAYER ID NO.:
------------------------	-------------------

PLEASE PAY TO:

PAYMENT RELATES TO:
<input checked="" type="checkbox"/> DIOCESE
<input type="checkbox"/> FOUNDATION

INVOICES TO BE PAID			CHARGE TO:		
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	DESCRIPTION	AMOUNT
777A	7/1/13	15.00	8800	6/1 8377	15.00

THESE MUST EQUAL

50.00 50.00

DOCUMENT IS NOT TO BE REPRODUCED

DESCRIPTION OF ORDER:

Counseling

AUTHORIZED BY: *[Signature]*

Accounting Use Only

ACCOUNTING:

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0367

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

October 31, 2000

Please find enclosed the receipts for my most recent medications. Consider this as an invoice for same.

Wellbutrin, 90 tabs, \$15.00

Total \$15.00

Thank you,

DOCUMENT IS NOT TO BE REPRODUCED.

10-04-04 Order
0368

CATHOLIC DIOCESE OF FORT WORTH
 PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

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

DATE:	TAX PAYER ID NO.:
12-13-07	

PLEASE PAY TO:

PAYMENT RELATES TO:

DIOCESE
 FOUNDATION

INVOICES TO BE PAID			CHARGE TO:	
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	AMOUNT
N/A	11-30-07	180.00	8888-01-8571	180.00

THESE MUST EQUAL

DOCUMENT IS NOT TO BE REPRODUCED

DESCRIPTION OF ORDER:

Counseling

PAYMENT INSTRUCTIONS:

AUTHORIZED BY: ZCWM

Accounting Use Only

ACCOUNTING:

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0369

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

Bill as of: Nov 30, 2000

Date	Transaction	Session Charge	Total Owed
11/3/2000	Individual Psychotherapy	\$90.00	\$90.00
11/17/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$180.00	\$180.00

Please Pay this Amount: \$180.00

DOCUMENT IS NOT TO BE REPRODUCED.

This bill reflects dates of service for

10-04-04 Order
0370

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CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER/ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE _____

DATE: *12-15-00* TAX PAYER ID NO. _____

PLEASE PAY TO: _____ PAYMENT RELATES TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			CHARGES TO:			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	OBJ.	AMOUNT
<i>12-19-00</i>	<i>12-11-00</i>	<i>15.00</i>	<i>40149</i>	<i>11</i>	<i>07</i>	<i>15.00</i>
		<i>75.00</i>				<i>15.00</i>

DOCUMENT IS NOT TO BE REPRODUCED.

THESE MUST EQUAL

DESCRIPTION OF ORDER: *Medication Cotage*

PAYMENT INSTRUCTIONS: _____

AUTHORIZED BY: *RW*

Accounting Use Only

ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0371

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CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE _____

DATE: 1-29-07 TAX PAYER ID NO. _____

PLEASE PAY TO:

PAYMENT RELATES TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			INVOICE TO:			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
11/12/04	12-15-04	70-				70-
		70				70
		\$0.00				\$0.00

DOCUMENT IS NOT TO BE REPRODUCED.

THESE MUST EQUAL

DESCRIPTION OF ORDER: *Psychiatric care*

PAYMENT INSTRUCTIONS: *Send a copy of the bill with payment*

AUTHORIZED BY: *[Signature]*

Accounting Use Only

ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0372

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CATHOLIC DIOCESE
REVEREND ROBERT WILSON
800 W. LOOP 820 SOUTH
FT. WORTH, TX 76108

HEALTH INSURANCE CLAIM FORM

1. MEMBER'S NAME	2. MEMBER'S SOCIAL SECURITY NUMBER	3. MEMBER'S BIRTH DATE	4. MEMBER'S BIRTH PLACE
5. MEMBER'S OCCUPATION	6. MEMBER'S EMPLOYER'S NAME	7. MEMBER'S EMPLOYER'S ADDRESS	8. MEMBER'S EMPLOYER'S PHONE NUMBER
9. MEMBER'S EMPLOYER'S BUSINESS TYPE	10. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	11. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	12. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
13. MEMBER'S EMPLOYER'S BUSINESS TYPE	14. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	15. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	16. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
17. MEMBER'S EMPLOYER'S BUSINESS TYPE	18. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	19. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	20. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
21. MEMBER'S EMPLOYER'S BUSINESS TYPE	22. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	23. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	24. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
25. MEMBER'S EMPLOYER'S BUSINESS TYPE	26. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	27. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	28. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
29. MEMBER'S EMPLOYER'S BUSINESS TYPE	30. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	31. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	32. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
33. MEMBER'S EMPLOYER'S BUSINESS TYPE	34. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	35. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	36. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
37. MEMBER'S EMPLOYER'S BUSINESS TYPE	38. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	39. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	40. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
41. MEMBER'S EMPLOYER'S BUSINESS TYPE	42. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	43. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	44. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
45. MEMBER'S EMPLOYER'S BUSINESS TYPE	46. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	47. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	48. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
49. MEMBER'S EMPLOYER'S BUSINESS TYPE	50. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	51. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	52. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
53. MEMBER'S EMPLOYER'S BUSINESS TYPE	54. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	55. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	56. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
57. MEMBER'S EMPLOYER'S BUSINESS TYPE	58. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	59. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	60. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
61. MEMBER'S EMPLOYER'S BUSINESS TYPE	62. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	63. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	64. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
65. MEMBER'S EMPLOYER'S BUSINESS TYPE	66. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	67. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	68. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
69. MEMBER'S EMPLOYER'S BUSINESS TYPE	70. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	71. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	72. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
73. MEMBER'S EMPLOYER'S BUSINESS TYPE	74. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	75. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	76. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
77. MEMBER'S EMPLOYER'S BUSINESS TYPE	78. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	79. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	80. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
81. MEMBER'S EMPLOYER'S BUSINESS TYPE	82. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	83. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	84. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
85. MEMBER'S EMPLOYER'S BUSINESS TYPE	86. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	87. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	88. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
89. MEMBER'S EMPLOYER'S BUSINESS TYPE	90. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	91. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	92. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
93. MEMBER'S EMPLOYER'S BUSINESS TYPE	94. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	95. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	96. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
97. MEMBER'S EMPLOYER'S BUSINESS TYPE	98. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	99. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	100. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER

CONFIDENTIAL

DOCUMENT IS NOT TO BE REPRODUCED

CONFIDENTIAL

311
12 14 2000 12 14 2000 1 90862
70.00
10-04-04 Order
0373
70.00 70.00
2/18/200

PLEASE PRINT OR TYPE

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

PAYMENT ORDER/ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

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

DATE: 11/9/01	TAXPAYER ID NO.
---------------	-----------------

PLEASE PAY TO:	PAYMENT RELATES TO:
	DIOCESE
	FOUNDATION

INVOICES TO BE PAID			CHARGE TO:		
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	AMOUNT
10801	12/31/00	270.00	8800	01 8571	270.00
		270.00			270.00

DOCUMENT IS NOT TO BE REPRODUCED.

THESE MUST EQUAL

DESCRIPTION OF ORDER:
Counseling session

PAYMENT INSTRUCTIONS:

AUTHORIZED BY: *Rw*

Accounting Use Only
ACCOUNTING:

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0374

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.

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

Bill as of: Dec 31, 2000

Date	Transaction	Session Charge	Total Owed
12/1/2000	Individual Psychotherapy	\$90.00	\$90.00
12/8/2000	Individual Psychotherapy	\$90.00	\$90.00
12/22/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$270.00	\$270.00

DOCUMENT IS NOT TO BE REPRODUCED.

This bill represents charges for

10-04-04 Order
0375

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

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE: _____

DATE: February 1, 2001 TAXPAYER ID NO. _____

PLEASE PAY TO: _____
PAYMENT RELATES TO: DIOCESE FOUNDATION

INVOICES TO BE PAID			PAYMENT RELATES TO:			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
2101	1/31/01	270.00	788800	01	8571	270.00

DOCUMENT IS NOT TO BE REPRODUCED.

THESE MUST EQUAL

DESCRIPTION OF ORDER: counseling
PAYMENT INSTRUCTIONS: _____
AUTHORIZED BY: _____

Accounting Use Only
ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order 0376

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.

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

Bill as of: Jan 31, 2001

Date	Transaction	Session Charge	Total Owed
1/4/2001	Individual Psychotherapy	\$90.00	\$90.00
1/12/2001	Individual Psychotherapy	\$90.00	\$90.00
1/18/2001	Payment <input type="text"/>		\$0.00
1/19/2001	Individual Psychotherapy	\$90.00	\$90.00
		\$270.00	\$270.00

DOCUMENT IS NOT TO BE REPRODUCED.

Please Pay this Amount:

This bill reflects days of service for

10-04-04 Order
0377

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: 03/01/01 TAXPAYER ID NO. _____

PLEASE PAY TO: _____

PAYMENT DATED TO: 3/1/01
DIOCESE OF FORT WORTH
FOUNDATION

INVOICES TO BE PAID			CHARGE TO:			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
	<u>3/13/01</u>	<u>70.00</u>	<u>12278</u>			<u>70.00</u>
		<u>70.00</u>				<u>70.00</u>

DOCUMENT IS NOT TO BE REPRODUCED.

THESE MUST EQUAL

DESCRIPTION OF ORDER: counseling services

AMOUNT INSTRUCTIONS: _____

AUTHORIZED BY: _____ *F. L. W.*

Accounting Use Only

ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0378

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.

Betty, Jan

March 2, 2001

Rev. Robert Wilson

The Catholic Diocese of Fort Worth
800 West Loop 820 South
Fort Worth, TX 76108

Dear Reverend Wilson: I would first like to thank you for your cooperation over these past months of my therapy. As you may have noticed, you are no longer receiving receipts for my medications. You may also have noticed the spacing of my visits with [redacted] are getting farther apart. I am writing this letter to you because of what you wrote in your last correspondence, that is, as of March "our relationship will be terminated." I believe, and I think [redacted] will occur, that I'm pretty close to being able to cut the ties that have bonded, blinded and hurt me for so long. However, your timetable and our timetable don't quite coincide with each other. You wrote that 2 years is the usual amount of time allotted for cases such as mine. However, [redacted] while a therapist will tell you that each patient is different, each wound varies in the depths to which it was received, and as such, the time it takes for someone to heal will also be different. Let me make it clear to you that I'm not asking for another year of intense therapy, I'm quite sure that won't be necessary. What I am asking for is a little more time to get past a final hurdle in my path to recovery.

I mentioned before that I am now paying the co-pay for my medications. This is a part of the process of taking control of my life, taking responsibility for my feelings in the near future. I will also bear the responsibility of my therapy, at least in part. In taking these actions, I will be able to clear that final hurdle of forgiveness.

With [redacted] guidance, and a lot of hard and sometimes painful work on my part, I have progressed to a point where I almost have all the tools I need to live my life as it should have been lived a long time ago. I am simply asking for a little more time to clear that final hurdle.

Sincerely,

CONFIDENTIAL

10-04-04 Order
0379



Copy

March 5, 2001

Dear _____

You will recall that I authorized an extension of therapy paid for by the Diocese of Fort Worth for _____ through March 31, 2001. We have been paying for his sessions with you, as well as his copayments for medical and psychiatric appointments when they were not covered by insurance, since July of 1999. Our usual practice is to pay for six months of therapy. We gave the fifteen month extension at _____ request, and at your recommendation.

I hope that he had made good progress, indeed that he has resolved most of his issues.

Please let him know of the letter so that he will be reminded, along with yourself, that the participation of the Diocese in payment for therapy will be concluded March 31 of this year.

Also, please assure him of my continued prayers.

Sincerely yours in Christ,

Rev. Robert W. Wilson
Chancellor, Moderator of the Curia

CONFIDENTIAL

1D-04-04 Order
0380

The Catholic Center
800 West Loop 820 South • Fort Worth, Texas 76108-2919 • 817/560-3300 • Fax 817/244-8839

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

PAYMENT ORDER/ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____ **ENTERED BY/DATE:** _____

DATE: March 6, 2001 **TAX PAYER ID NO.** _____

PLEASE PAY TO:

<input checked="" type="checkbox"/>	PAYMENT RELEASE TO:
<input type="checkbox"/>	DIOCESE
<input type="checkbox"/>	FOUNDATION

INVOICES TO BE PAID			CHARGES TO:		
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	PERIOD	AMOUNT
3/1/01		270.00	788800	07	4571 270.00

270.00 270.00

DOCUMENT IS NOT TO BE REPRODUCED

THESE MUST EQUAL

DESCRIPTION OF ORDER:
counseling services

PAYMENT REFERENCES:

AUTHORIZED BY: *ZW*

Accounting Use Only

ACCOUNTING:

FORM NO. 1000-10-1001 3149 - 0101

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0381

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

Bill as of: Mar 1, 2001

Date	Transaction	Session Charge	Total Owed
2/2/2001	Individual Psychotherapy	\$90.00	\$90.00
2/9/2001	Individual Psychotherapy	\$90.00	\$90.00
2/23/2001	Individual Psychotherapy	\$90.00	\$90.00
		\$270.00	\$270.00

DOCUMENT IS NOT TO BE REPRODUCED.

Please Pay this Amount:

\$270.00

This bill reflects date of service for

CONFIDENTIAL

10-04-04 Order
0382

CATHOLIC DIOCESE OF FORT WORTH

COURT PAYABLE

Drive

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE _____

DATE _____ TAX PAYER ID NO. _____

PLEASE PAY TO: _____
 PAYMENT RELATIONSHIP TO: **DIOCESE FOUNDATION**

INVOICES TO BE PAID			ACCOUNT TO DEBIT			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
	4/1/2001	360.00	788801	01	8571	360.00
		\$360.00				\$360.00

DOCUMENT IS NOT TO BE REPRODUCED

THESE MUST EQUAL

DESCRIPTION OF ORDER:
 Counseling services

PAYMENT INSTRUCTIONS:

AUTHORIZED BY: _____ *[Signature]*

Accounting Use Only

ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0383

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.

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

Bill as of: Apr 1, 2001

Date	Transaction	Session Charge	Total Owed
3/2/2001	Individual Psychotherapy	\$90.00	\$90.00
3/5/2001	Individual Psychotherapy	\$90.00	\$90.00
3/16/2001	Individual Psychotherapy	\$90.00	\$90.00
3/30/2001	Individual Psychotherapy	\$90.00	\$90.00
		\$360.00	\$360.00

Please Pay this Amount:

The bill reflects dates of service for

10-04-04 Order
0384

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.

Reilly, James

4-16-01

April 16, 2001

In Re:

Meeting with Father Robert Wilson at the Catholic Center, Fort Worth

We met on Friday, April 13, 2001. This was our first meeting. He has been making great progress with his counselor. He is looking toward achieving closure in about three months. He is backing off from appointments once a week to every two weeks. I told him we would continue paying for the sessions. Being able to come see me (priest) was a therapeutic break through that he worked on with his counselor. One of his next steps is to go with someone, probably one of his parents, whom he told about the incidents only a couple to months ago, to see the room where the abuse took place. I told him I would set that up for him with the business manager. He is to call me. I asked if the actions (I did not ask for details) happened once or many times. He reported that it happened many times.

He asked about whether we are doing anything to prevent future occurrences. I gave him a copy of the sexual misconduct policy and described our orientation for new employees. I also told him about the ministry council and screening process for seminarians and for priests coming from other dioceses.

It was a good meeting.

CONFIDENTIAL

DOCUMENT IS NOT TO BE REPRODUCED

10-04-04 Order
0385

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Accounting Use Only

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

DATE: 5-21-04	TAXPAYER ID NO.:
---------------	------------------

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

INVOICES TO BE PAID			CHARGES			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUN	DEPT	AMOUNT
11/1/01	5-1-04	180				180

TOTAL INVOICE

TOTAL ACCOUNTING

DOCUMENT IS NOT TO BE REPRODUCED

DESCRIPTION OF ORDER:
Counseling
PAYMENT INSTRUCTIONS:
APPROVED BY: RW

Accounting Use Only

ACCOUNTING:

11 021578 000000 0000 0000 0000

3/1/96 - DBO AP

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order 0386

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

Bill as of: May 1, 2001

Date	Transaction	Session Charge	Total Owed
4/11/2001	Individual Psychotherapy	\$90.00	\$90.00
4/26/2001	Individual Psychotherapy	\$90.00	\$90.00
		\$180.00	\$180.00

Please Pay This Amount: \$180.00

This bill reflects dates of service for:

10-04-04 Order
0387

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

CATHOLIC DIOCESE OF FORT WORTH

ACCOUNTS PAYABLE

Drift

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE _____

DATE: 05/31/01 TAX PAYER ID NO. _____

PLEASE FACTOR: _____

PAYMENT REL. ESS TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			DUPLICATE			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
117A	5-31-01	180	7600	01	2571	180
		180				180
		50.00				50.00

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
0388

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.