

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
<u>N/A</u>	<u>12-15-04</u>	<u>70</u>				<u>70</u>
		<u>70</u>				<u>70</u>
		<u>\$0.00</u>				<u>\$0.00</u>

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

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 820 SOUTH
FT. WORTH, TX 76108

HEALTH INSURANCE CLAIM FORM

1. MEMBER'S NAME	2. MEMBER'S SOCIAL SECURITY NUMBER	3. MEMBER'S DATE OF BIRTH
4. MEMBER'S ADDRESS	5. MEMBER'S CITY AND STATE	6. MEMBER'S ZIP CODE
7. MEMBER'S EMPLOYER'S NAME	8. MEMBER'S EMPLOYER'S ADDRESS	9. MEMBER'S EMPLOYER'S CITY AND STATE
10. MEMBER'S EMPLOYER'S ZIP CODE	11. MEMBER'S EMPLOYER'S PHONE NUMBER	12. MEMBER'S EMPLOYER'S FAX NUMBER
13. MEMBER'S EMPLOYER'S BUSINESS TYPE	14. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	15. MEMBER'S EMPLOYER'S BUSINESS CITY AND STATE
16. MEMBER'S EMPLOYER'S BUSINESS ZIP CODE	17. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	18. MEMBER'S EMPLOYER'S BUSINESS FAX NUMBER
19. MEMBER'S EMPLOYER'S BUSINESS TYPE	20. MEMBER'S EMPLOYER'S BUSINESS ADDRESS	21. MEMBER'S EMPLOYER'S BUSINESS CITY AND STATE
22. MEMBER'S EMPLOYER'S BUSINESS ZIP CODE	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 CITY AND STATE
28. MEMBER'S EMPLOYER'S BUSINESS ZIP CODE	29. MEMBER'S EMPLOYER'S BUSINESS PHONE NUMBER	30. 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

Table with columns: INVOICES TO BE PAID (INVOICE NO., INVOICE DATE, AMOUNT) and CHARGES TO (ACCOUNT NO., FUND, AMOUNT). Row 1: 10801, 12/31/00, 270.00; 48800, 01, 8571, 270.00.

DOCUMENT IS NOT TO BE REPRODUCED

THESE MUST EQUAL

DESCRIPTION OF ORDER: COUNSELING session

Blank lines for description details.

PAYMENT INSTRUCTIONS:

AUTHORIZED BY: [Signature]

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 of service 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.

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		\$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:

PAYMENTS MADE TO:

DIOCESE
FOUNDATION

INVOICES TO BE PAID

INVOICE NO.

INVOICE DATE

AMOUNT

3/13/01

70.00

CHARGE TO:

ACCOUNT NO.

FUND

DEPT.

AMOUNT

70.00

70.00

70.00

THESE MUST EQUAL

DESCRIPTION OF ORDER:
counseling services

ADDITIONAL INSTRUCTIONS:

AUTHORIZED BY:

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 informed, 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

10-04-04 Order
0380

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

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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 IS PAYING

Drive

Accounting Use Only

VENDOR NO.	ENTERED BY/DATE:
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DATE:	TAXPAYER 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	38571	360.00
		\$360.00				\$360.00

~~DOCUMENT IS NOT TO BE REPRODUCED~~

THESE MUST EQUAL

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

Accounting Use Only
ACCOUNTING:

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0383

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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

CONFIDENTIAL

DOCUMENT IS NOT TO BE REPRODUCED.

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.

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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 RELATES TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			CHARGES TO:			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
<u>11/11</u>	<u>5-1-04</u>	<u>180</u>				<u>180</u>
TOTAL INVOICE <u>180</u>			TOTAL ACCOUNTING <u>180</u>			

DOCUMENT IS NOT TO BE REPRODUCED. THESE MUST EQUAL.

DESCRIPTION OF ORDER:
Counseling

PAYMENT INSTRUCTIONS:

APPROVED BY:
RW

Accounting Use Only

ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
 0386

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: 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

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CATHOLIC DIOCESE OF FORT WORTH

ACCOUNTS PAYABLE Drift

Accounting Use Only

VENDOR NO. ENTERED BY/DATE

DATE: 05/29/01 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	2600	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

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