

Fees Approved - CIVIL

Month

NOVEMBER

Year

2016

Name/ Number of Court	Name of Judge/Master/Referee Approving Payment	Case Number	Case Style	State Bar No.	Name of Person Appointed	Position to Which Appointed (select one)	Appointee is (select one)	Date of Approval of Fee	Source of Fee (select one)	Amount Approved	If greater than \$1,000	
											No. Hours Billed	Amount of Billed Expenses
259	BROOKS HAGLER	2015-105	IN THE INTEREST OF: JOSEPH BENJAMIN LEWIS, A CHILD	24010988	DEREK C. HAMPTON	Ad Litem	Attorney	11/7/2016	County	990	10.7	990
259	BROOKS HAGLER	2007-023	IN THE INTEREST OF L.A.G. AND A.G.G.	2402828	GELN WEBB	Guardian	Attorney	11/9/2015	COUNTY	3256.17	13	3256.17
259	BROOKS HAGLER	2015-033	IN THE INTEREST OF L.S., J.P., AND B.P., CHILDREN	24033595	CLAIRE MEHAFFEY	Attorney	Attorney	11/15/2016	County	2487.5	27.5	2487.5
259	BROOKS HAGLER	2015-105	IN THE INTEREST OF: JOSEPH BENJAMIN LEWIS, A CHILD	24031921	JENNY HENLEY	Attorney ad Litem	Attorney	11/15/2016	County	1918.75	21.75	1918.75

This form is for tracking purposes only and will not be accepted as a monthly report. The information must be entered into the reporting database.

Fees Approved - Criminal

Month

NOVEMBER

Year

2016

Name/ Number of Court	Name of Judge/Master/Referee Approving Payment	Case Number	Case Style	State Bar No.	Name of Person Appointed	Position to Which Appointed (select one)	Appointee is (select one)	Date of Approval of Fee	Source of Fee (select one)	Amount Approved	If greater than \$1,000	
											No. Hours Billed	Amount of Billed Expenses
NONE												

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**Fees Approved - Juvenile**

Month

**NOVEMBER**

Year

**2016**

Name/ Number of Court	Name of Judge/Master/Referee Approving Payment	Case Number	Case Style	State Bar No.	Name of Person Appointed	Position to Which Appointed (select one)	Appointee is (select one)	Date of Approval of Fee	Source of Fee (select one)	Amount Approved	If greater than \$1,000	
											No. Hours Billed	Amount of Billed Expenses
NONE												

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**Fees Approved - Probate**

Month

**NOVEMBER**

Year

**2016**

Name/ Number of Court	Name of Judge/Master/Referee Approving Payment	Case Number	Case Style	State Bar No.	Name of Person Appointed	Position to Which Appointed (select one)	Appointee is (select one)	Date of Approval of Fee	Source of Fee (select one)	Amount Approved	If greater than \$1,000	
											No. Hours Billed	Amount of Billed Expenses
NONE												

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