

Fees Approved - CIVIL

Month

JANUARY

Year

2017

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	2007-023	IN THE INTEREST OF L.A.G. AND A.G.G.	2402828	GLEN WEBB	Guardian	Attorney	1/5/2017	Estate	\$1,751.18	7	1751.18

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

JANUARY

Year

2017

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	2015F081	THE STATE OF TEXAS VS ERIK WAYNE MEADOWS	9836000	RAYMOND HOLLABAUGH	Attorney	Attorney	1/21/2017	County	500		
259	BROOKS HAGLER	2015F008	THE STATE OF TEXAS VS RYAN CARTER	24064335	AMANDA C. RUFF	Attorney	Attorney	1302017	County	300		

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Fees Approved - Juvenile

Month

JANUARY

Year

2017

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

JANUARY

Year

2017

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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