## Fees Approved - CIVIL

Month **OCTOBER** 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 | JUDGE HAGLER | 2015-105 | ITIO J.B.L., A CHILD | 24010988 | DEREK HAMPTON | Attorney ad Litem | Attorney | 10/16/2017 | County | $480.00 | | |
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**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 **OCTOBER** 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 - Juvenile** Month **OCTOBER** Year **2017**

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| 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 | No. Hours Billed | Amount of Billed Expenses |
| NONE | | | | | | | | | | | | |
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## Fees Approved - Probate

Month **OCTOBER** 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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