|IF GREATER THAN \$1,000|

     COURT	NAME OF   JUDGE   ORDERING APPT	     CASE NUMBER	     CASE STYLE	     BAR NO.	   NAME OF PERSON   APPOINTED	   POSITION TO WHICH   APPOINTED	   APPOINTEE   IS	DATE OF APPROVAL OF FEE	SOURCE OF FEE	   AMOUNT   APPROVED	NO. HRS.  BILLED	AMOUNT   OF BILLED   EXPENSES
4647	30614	2024009	DEPARTMENT OF FAMILY AND PROTECTIVE SE	24055794	CORBIN, VALERA A	ad_litem	attr	2024-02-01	county	751.50	0.00	0.00
4647	30614	2024009	DEPARTMENT OF FAMILY AND PROTECTIVE SE	17251700	ROSE, HAROLD	attr	attr	2024-02-01	county	514.25	0.00	0.00
4647	30614	2023183	IN THE INTEREST OF, KRISIAN NEVAEH-ANN	17251700	ROSE, HAROLD	attr	attr	2024-02-15	county	539.75	0.00	0.00
4647	30614	2023172	DEPARTMENT OF FAMILY AND PROTECTIVE SE	17251700	ROSE, HAROLD	attr	attr	2024-02-15	county	454.75	0.00	0.00
4647	30614	2024009	DEPARTMENT OF FAMILY AND PROTECTIVE SE	17251700	ROSE, HAROLD	attr	attr	2024-02-15	county	633.25	0.00	0.00

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