Fees Approved - Criminal Month **MAY** Year **2022**

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

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 CIVIL Month **MAY** Year **2022**

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
259TH DISTRICT COURT	JUDGE BROOKS HAGLER	2021-003	ITIO R.R., A CHILD	24104424	GRAYSON HURST	Attorney ad Litem	Attorney	5/3/2022	County	$702.00		
259TH DISTRICT COURT	JUDGE BROOKS HAGLER	2021-013	ITIO M.D.W., A CHILD	24064335	AMANDA C ALLEN	Attorney ad Litem	Attorney	5/3/2022	County	$520.00		

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Fees Approved - Juvenile Month **MAY** Year **2022**

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

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 - Probate Month **MAY** Year **2022**

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

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