Fees Approved CIVIL

Month

**FEBRUARY** 

Year

2019

											If greater than \$1,000		
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	
259TH DISTRICT	BROOKS HAGLER	2017-020	IN THE INTEREST OF J.R. AND D.R. CHILDREN	10313750	DAVID M HURST	Attorney ad Litem	Attorney	2/20/2019	County	\$159.15			
259TH DISTRICT	BROOKS HAGLER	2017-076	IN THE IINTEREST OF J.T., J.T., AND P.S. CHILDREN		M. SHAUN GALOVICH	Attorney ad Litem	Attorney	2/28/2019	County	\$150.00			
-													
	-												

Fees Approved - Criminal

Month

**FEBRUARY** 

Year

<u>2019</u>

											If great	er than \$1,000
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												
		_										

Fees Approved - Juven
-----------------------

Month

## **FEBRUARY**

Year

<u>2019</u>

											If great	er than \$1,000
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			ļ									

Fees Approve	ed -	Pro	bate
--------------	------	-----	------

Month

## **FEBRUARY**

Year

<u>2019</u>

											If greater than \$1,000		
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													
***													