Fees Approved CIVIL Month **MARCH** Year **2021**

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	JUDGE BROOKS HAGLER	2021-013	ITIO M.D.W. A CHILD	24064335	AMANDA RUFF	Attorney ad Litem	Attorney	3/31/2021	County	$112.50		
259TH DISTRICT	JUDGE BROOKS HAGLER	2007-023	ITIO L.A.G. AND A.G.G.	24028208	GLEN WEBB	Guardian	Attorney	3/31/2021	Estate	$3,000.00	12	

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 **MARCH** Year **2021**

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 - Juvenile Month **MARCH** Year **2021**

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 **MARCH** Year **2021**

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.