Fees Approved   CIVIL

Month **JANUARY**   Year   **2020**

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	2007-023	IN THE INTEREST OF L.A.G. AND A.G.G.	2402828	GLEN WEBB	Guardian	Attorney	1/2/2019	Estate	$2,500.00	10	

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 **JANUARY** **Year** **2020**

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	2019F041	STATE OF TEXAS VS MICHAEL VERNER	24095089	ROLLIN N RAUSCHL	Attorney	Attorney	1/6/2020	County	$300.00		
259TH DISTRICT	JUDGE BROOKS HAGLER	2018F019	STATE OF TEXAS VS BILLY TABOR	24095089	ROLLIN N RAUSCHL	Attorney	Attorney	1/6/2020	County	$300.00		

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Fees Approved - Juvenile

Month **JANUARY** Year **2020**

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 **JANUARY** Year **2020**

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.