2021

		Case Number	er Case Style	State Bar No.			Appointee is (select one)	Date of Approval of Fee	Source of Fee (select one)		If greate	er than \$1,000
Name/ Number of Court	Name of Judge/Master/Referee Approving Payment				Name of Person Appointed	Position to Which Appointed (select one)				Amount Approved	No. Hours Billed	Amount of Billed Expenses
259TH DISTRICT	JUDGE BROOKS HAGLER	2021-013	IN THE INTEREST OF M.W. A CHILD	24093282	BRENNA M TRONCOSO	Attorney ad Litem	Attorney	7/1/2021	County	\$1,025.00	13.1	27.22
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Name/ Number of Court	Name of Judge/Master/Referee Approving Payment								Date of Approval of Source of Fee Fee (select one)		If greater than \$1,000	
		Case Number	Case Style	State Bar No.	Name of Person Appointed	Position to Which Appointed (select one)	Appointee is (select one)	Approval of		Amount Approved	No. Hours Billed	Amount of Billed Expenses
	JUDGE BROOKS HAGLER	2020M075	STATE OF TEXAS VS EITHAN MAX COLLINS	24059097	SHAUN GALOVICH	Attorney	Attorney	7/8/2021	County	\$50.00		
	JUDGE BROOKS HAGLER	2021F022	STATE OF TEXAS VS EITHAN MAX COLLINS	24059097	SHAUN GALOVICH	Attorney	Attorney	7/8/2021	County	\$300.00		
	JUDGE BROOKS HAGLER	2017F007	STATE OF TEXAS VS KEVIN STEWART	24059097	SHAUN GALOVICH	Attorney	Attorney	7/8/2021	County	\$300.00		
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2021

											If great	eter 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	
	JUDGE BROOKS HAGLER	2020J02	STATE OF TEXAS VS MCKAYLA MCBEE	9836000	RAYMOND HOLLABAUGH	Attorney	Attorney	7/12/2021	County	\$400.00			
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Fees Approved - Probate

Month

JULY

Year

2021

											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	
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