

Fees Approved - Criminal

Month

JUNE

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 CIVIL

Month **JUNE**

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	2007-023	IN THE INTEREST OF L.A.G. AND A.G.G.	24028208	GLEN WEBB	Guardian	Attorney	6/17/2021	Estate	\$3,000.00	12	
259TH DISTRICT	JUDGE BROOKS HAGLER	2021-021	IN THE INTEREST OF H.H. A CHILD	24010988	DERECK C HAMPTON	Attorney	Attorney	6/23/2021	County	\$805.00		
259TH DISTRICT	JUDGE BROOKS HAGLER	2021-021	IN THE INTEREST OF H.H. A CHILD	24059097	M SHAUN GALOVICH	Attorney	Attorney	6/24/2021	County	\$700.00		

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Fees Approved - Juvenile

Month

JUNE

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
COUNTY COURT	JUDGE JAMES BREEDEN	2020-J02	IN THE MATTER OF MCKAYLA JUNE MCBEE	9836000	RAYMOND HOLLABAUGH	Attorney	Attorney	6/17/2021	County	\$200.00		

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Fees Approved - Probate

Month

JUNE

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

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