

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 - Criminal**

Month

**APRIL**

Year

**2023**

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	2022M045	STATE OF TEXAS VS JUSTIN ARRON PHILLIPS	24097010	JOHN MONTGOMERY	Attorney	Attorney	4/6/2023	County	\$125.00		
259TH DISTRICT	JUDGE BROOKS HAGLER	2023M018	STATE OF TEXAS VS DYLAN ROYER	24097010	JOHN MONTGOMERY	Attorney	Attorney	4/6/2023	County	\$125.00		
259TH DISTRICT	JUDGE BROOKS HAGLER	2022M076	STATE OF TEXAS VS MAXIMO CASTILLO-LONGORIA	24097010	JOHN MONTGOMERY	Attorney	Attorney	4/6/2023	County	\$125.00		

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**Fees Approved - Juvenile**

Month

**APRIL**

Year

**2023**

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	
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**Fees Approved - Probate**

Month

**APRIL**

Year

**2023**

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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