**Fees Approved CIVIL** **Month APRIL** **Year 2024**

| 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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**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 **2024**

| 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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**Fees Approved - Juvenile** Month **APRIL** Year **2024**

| 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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**Fees Approved - Probate** Month **APRIL** Year **2024**

| 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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