

Fees Approved - Juvenile

Month

JANUARY

Year

2025

[illegible]

If greater than \$1,000

No. Hours Billed	Rate	Amount
1	100.00	100.00
2	100.00	200.00
3	100.00	300.00
4	100.00	400.00
5	100.00	500.00
6	100.00	600.00
7	100.00	700.00
8	100.00	800.00
9	100.00	900.00
10	100.00	1000.00
11	100.00	1100.00
12	100.00	1200.00
13	100.00	1300.00
14	100.00	1400.00
15	100.00	1500.00
16	100.00	1600.00
17	100.00	1700.00
18	100.00	1800.00
19	100.00	1900.00
20	100.00	2000.00
21	100.00	2100.00
22	100.00	2200.00
23	100.00	2300.00
24	100.00	2400.00
25	100.00	2500.00
26	100.00	2600.00
27	100.00	2700.00
28	100.00	2800.00
29	100.00	2900.00
30	100.00	3000.00
31	100.00	3100.00
32	100.00	3200.00
33	100.00	3300.00
34	100.00	3400.00
35	100.00	3500.00
36	100.00	3600.00
37	100.00	3700.00
38	100.00	3800.00
39	100.00	3900.00
40	100.00	4000.00
41	100.00	4100.00
42	100.00	4200.00
43	100.00	4300.00
44	100.00	4400.00
45	100.00	4500.00
46	100.00	4600.00
47	100.00	4700.00
48	100.00	4800.00
49	100.00	4900.00
50	100.00	5000.00
51	100.00	5100.00
52	100.00	5200.00
53	100.00	5300.00
54	100.00	5400.00
55	100.00	5500.00
56	100.00	5600.00
57	100.00	5700.00
58	100.00	5800.00
59	100.00	5900.00
60	100.00	6000.00
61	100.00	6100.00
62	100.00	6200.00
63	100.00	6300.00
64	100.00	6400.00
65	100.00	6500.00
66	100.00	6600.00
67	100.00	6700.00
68	100.00	6800.00
69	100.00	6900.00
70	100.00	7000.00
71	100.00	7100.00
72	100.00	7200.00
73	100.00	7300.00
74	100.00	7400.00
75	100.00	7500.00
76	100.00	7600.00
77	100.00	7700.00
78	100.00	7800.00
79	100.00	7900.00
80	100.00	8000.00
81	100.00	8100.00
82	100.00	8200.00
83	100.00	8300.00
84	100.00	8400.00
85	100.00	8500.00
86	100.00	8600.00
87	100.00	8700.00
88	100.00	8800.00
89	100.00	8900.00
90	100.00	9000.00
91	100.00	9100.00
92	100.00	9200.00
93	100.00	9300.00
94	100.00	9400.00
95	100.00	9500.00
96	100.00	9600.00
97	100.00	9700.00
98	100.00	9800.00
99	100.00	9900.00
100	100.00	10000.00

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.

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

JANUARY

Year

2025.

[illegible]

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