**Fees Approved - Criminal** 

MAY

Year

2019

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 COURT		2019M010 2019M011	STATE OF TEXAS VS CHRISTOPHER DANIEL ROGERS	24095089	ROLLIN N RAUSCHL	Attorney	Attorney	5/9/2019	County	\$100.00		
259TH DISTRICT COURT	JUDGE BROOKS HAGLER	2019M013	STATE OF TEXAS VS STEVEN WYATT RODRIGUEZ	24095089	ROLLIN N RAUSCHL	Attorney	Attorney	5/9/2019	County	\$100.00		
											1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	

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

If greater than \$1,000 Name of **Position to Which** Date of Name/ Number Judge/Master/Referee Name of Person Appointed Appointee is Approval of Source of Fee No. Hours Amount of Billed of Court **Approving Payment Case Number Case Style** State Bar No. Appointed (select one) (select one) Fee (select one) Amount Approved 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.

2019

**Fees Approved - Juvenile** 

MAY

Year

If greater than \$1,000 Date of Name of **Position to Which** Name/ Number Judge/Master/Referee Name of Person Appointed Approval of Appointee is Source of Fee No. Hours **Amount of Billed** of Court **Approving Payment Case Number Case Style** State Bar No. Appointed (select one) (select one) (select one) Billed Expenses Fee Amount Approved

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2019

**Fees Approved - Probate** 



Year

2019

Name/ Number of Court		Case Number		State Bar No.	Name of Person Appointed		Appointee is (select one)	Date of Approval of Fee	Source of Fee (select one)	Amount Approved	If great	er than \$1,000
	Name of Judge/Master/Referee Approving Payment		Case Style			Position to Which Appointed (select one)					No. Hours Billed	Amount of Billed Expenses
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