Fees Approved CIVIL

Month

**APRIL** 

Year

2021

|                          |  | Case Number | Case Style        | State Bar No. | Name of Person<br>Appointed |  | Appointee is (select one) | Date of<br>Approval of<br>Fee | Source of Fee<br>(select one) | Amount Approved | If greater than \$1,000 |  |
|--------------------------|--|-------------|-------------------|---------------|-----------------------------|--|---------------------------|-------------------------------|-------------------------------|-----------------|-------------------------|--|
| Name/ Number<br>of Court | Name of<br>Judge/Master/Referee<br>Approving Payment |             |                   |               |                             | Position to Which<br>Appointed<br>(select one) |                           |                               |                               |                 | No. Hours<br>Billed     | Amount of Billed Expenses  |
| 259TH<br>DISTRICT        | JUDGE BROOKS<br>HAGLER                               | 2021-013    | ITIO M.W. A CHILD | 24104424      | GRAYSON<br>HURST            | Attorney                                       | Attorney                  | 4/6/2021                      | County                        | \$885.00        |                         |  |
|                          |  |             |                   |               |                             |  |                           |                               |                               |                 |                         |  |
|                          |  |             |                   |               |                             |  |                           |                               |                               |                 |                         |  |
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|                          |  |             |                   |               |                             |  |                           |                               |                               |                 |                         |  |

Fees Approved - Criminal Month APRIL

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

2021

Year

Fees Approved - Juvenile Month APRIL

Year 20

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

Fees Approved - Probate Month

Year

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