Fees Approved Month March Year

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 County Clerk, **County Court** at Law

2019