

CCL

Appointments Approved

Month January

Year 2019

| Name/Number of Court | Name of Judge/Master/Referee Making Appointment | Case Number | Case Style   | State Bar No. | Name of Person Appointed | Position to Which Appointed | Appointee is | Date of Appointment |
|----------------------|---|-------------|--|---------------|--------------------------|-----------------------------|--------------|---------------------|
| County Court at Law  | Schnarr, Virginia                               | 2019-010    | IN THE INTEREST OF LACHON BEECHUM, IKELIAN BEECHUM AND LOGAN COLEMAN, CHILDREN | 24110857      | HAMMONS, HOLLY           | Attorney Ad Litem           | Attorney     | 01/22/2019          |
| County Court at Law  | Schnarr, Virginia                               | 2019-010    | IN THE INTEREST OF LACHON BEECHUM, IKELIAN BEECHUM AND LOGAN COLEMAN, CHILDREN |               | CASA                     | Guardian Ad Litem           | NA           | 01/22/2019          |
| County Court at Law  | Schnarr, Virginia                               | 2019-010    | IN THE INTEREST OF LACHON BEECHUM, IKELIAN BEECHUM AND LOGAN COLEMAN, CHILDREN | 24099779      | Phillips, Cameron James  | Attorney Ad Litem           | Attorney     | 01/23/2019          |

CCL

Fees Approved

Month January

Year 2019

| Name/Number of Court | Name of Judge/Master/Referee Making Appointment | Case Number | Case Style | State Bar No. | Name of Person Appointed | Position to Which Appointed | Appointee is | Date of Approval of Fee | Source of Fee | Amount Approved | If greater than \$1,000 |                           |
|----------------------|---|-------------|------------|---------------|--------------------------|-----------------------------|--------------|-------------------------|---------------|-----------------|-------------------------|---------------------------|
|                      |   |             |            |               |                          |                             |              |                         |               |                 | No. Hours Billed        | Amount of Billed Expenses |
|                      |   |             |            |               |                          |                             |              |                         |               |                 |                         |                           |