Fees Approved (County
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Month

APRIL

Year

2018

									If greater than \$1,000			
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	No. Hours Billed	Amount of Billed Expenses
	HONORABLE ROSS D. SHARP				NONE							0
										-		
												0

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.

Month

Δ	Р	R	п	

Year

2018

	Name of					Position to Which		
Name/Number of Court	Judge/Master/Referee Ordering Appointment	Case Number	Case Style	State Bar No.	Name of Person Appointed	Appointed (select one)	Appointee is (select	Date of Appointment
COUNTY COURT	JUDGE ROSS D. SHARP							NONE
						:		
								NONE

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.