Fees Approved County **Month** MAY **Year** 2018

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
COUNTY COURT	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.

Appointments Approved County

Month _____ MAY **Year** 2018

Name/Number of Court	Name of Judge/Master/Referee Ordering Appointment	Case Number	Case Style	State Bar No.	Name of Person Appointed	Position to Which Appointed (select one)	Appointee is (select one)	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.