•	• •		
Δnn	α intm a	ante Ar	proved
		ciilo Ak	DIOVEG

Month

- 11	II \	1

Year

2021

	Name of					Position to Which		
Name/Number of	Judge/Master/Referee				Name of Person	Appointed	Appointee is (select	Date of
Court	Ordering Appointment	Case Number	Case Style	State Bar No.	Appointed	(select one)	one)	Appointment
32nd District	Glen Harrison	NO ACTIVITY						
SZIIG DISTITICT	Gierrianison	NO ACTIVITI						

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.

Fees Approved	Month	JULY	Year	2021

											If greate	er than \$1,000
	Name of					Position to Which		Date of				
	Judge/Master/Referee				Name of Person	Appointed	Appointee is	Approval of	Source of Fee			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
32nd District	Glen Harrison	NO ACTIVITY										

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.