Ap	poin	tme	nts	Ap	prov	ed
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Month

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Year

2023

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
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.

Fees Approved	Month	MAY	Year	2023

								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
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.