Appointments Approved

Month _____ OCTOBER **Year** 2020

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 OCTOBER **Year** 2020

											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**
32nd District	Glen Harrison	NO ACTIVITY										

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