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Month

SEPTEMBER

Year

2024

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 App	roved		Month	SEPTEMBER				Year	2024			
											If great	er 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 Bille 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.