

Phone: 806-495-4430 Fax: 806-495-4431

## **Appointed Attorneys and Fees Reports**

**APRIL 2017** 

Office of Court Administration (OCA)

**Civil Cases** 

Uploaded on May 3, 2017

- 1. COUNTY Court Appointed Attorneys
- 2. COUNTY Court Attorney Fees Paid
- 3. DISTRICT Court Appointed Attorneys
- 4. DISTRICT Court Attorney Fees Paid

Tagas per a company of the company o

GARZA COUNTY APPOINTMENTS APPROVED FOR COUNTY COURTS - APRIL, 2017

867	NUMBER OF
0   ла	NAME OF  JUDGE/MASTER/REFEREE   ORDERING APPOINTMENT
na	CASE NUMBER
867  0  na  na  na	CASE STYLE
false	     BAR NO.
[na	NAME OF PERSON
[na   n	  POSITION TO WHICH    APPOINTED
na	APPOINTEE IS

This form is for tracking purposes only and will not be accepted as monthly report. The information must be entered into the reporting database.

This form is for tracking purposes only and will not be accepted as monthly report. The information must be entered into the reporting database.

false

)na

1867 | 0

ᆵ

17.0

## GARZA COUNTY APPOINTMENTS APPROVED FOR DISTRICT COURTS - APRIL, 2017

1484	NUMBER OF
0	NAME OF   JUDGE/MASTER/REFEREE   ORDERING APPOINTMENT
na	E   CASE NUMBER
484   0	NAME OF     NAME OF
false	BAR NO.
na 	NAME OF PERSON APPOINTED
] na	NAME OF PERSON   POSITION TO WHICH     DATE OF   APPOINTED   APPOINTED   APPOINTED IS   APPOINTED
na  na   2017-04-01	APPOINTEE IS
2017-04-01	DATE OF APPOINTMENT

This form is for tracking purposes only and will not be accepted as monthly report. The information must be entered into the reporting database.

NAME OF	NAME OF					484		COURT	_	_
CASE NUMBER   CASE STYLE   BAR NO.   APPOINTED   Ina   Ina	CASE NUMBER   CASE STYLE   BAR NO.   APPOINTED   AP						•	ORDERING APPT	JUDGE	NAME OF
R   CASE STYLE   BAR NO.   APPOINTED	R   CASE STYLE   BAR NO.   APPOINTED   AP					na		_	_	
CASE STYLE   BAR NO.   APPOINTED	CASE STYLE   BAR NO.   APPOINTED   AP					na		<del>,</del>	_	_
AMME OF PERSON   BAR NO.   APPOINTED   False   Ina	I NAME OF PERSON   POSIT   AP							CASE STYLE		
NAME OF PERSON   APPOINTED	NAME OF PERSON   POSIT   APPOINTED   AP					false		BAR NO.	_	-
E OF PERSON	E OF PERSON   POSIT					na		_	MAN	_
	POSIT							PROINTED	E OF PERSON	
	DATE OF   HAPROVAL   SOURCE   AMOUNT   IS   OF FEE   OF FEE   APPROVED   IS	DATE OF     APPROVED   AMOUNT   SOURCE   AMOUNT   OF FEE   APPROVED   O.00	SOURCE   AMOUNT OF FEE   APPROVED	AMOUNT APPROVED O.00		-		BILL	NO. HR	_
ON TO WHICH APPOINTEE   APPROVAL   DINTED   IS   OF FEE	DATE OF     AMOUNT   NO. HRS.	DATE OF	SOURCE   AMOUNT  NO. HRS.  OF FEE   APPROVED   BILLED    O.00  0.00	APPROVED   BILLED     APPROVED   BILLED     O.00  D.00	NO. HRS.	0.00			<u></u>	-

This form is for tracking purposes only and will not be accepted as monthly report. The information must be entered into the reporting database.