IF GREATER TH

NAME OF	!	NAME OF DEDGON		DATE OF		AN OF I
	CASE STYLE	NAME OF PERSON BAR NO. APPOINTED	POSITION TO WHICH APPOINT APPOINTED IS	OF FEE OF FEE	APPROVED BILLED	OF E
618 0 na	na	false na	na na	2025-09-01 na	0.00 0.00	

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

Note: Name of Judge Ordering Payment of Fee is Daryl L. Fowler