Fees A	pprov	ed D	istrict
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Month

. December

Year

2016

											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 Billed Expenses
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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.

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Month

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Year

2016

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Name/Number of	Judge/Master/Referee	ļ			Name of Person	Appointed	Appointee is (select	Date of
Court	Ordering Appointment	Case Number	Case Style	State Bar No.	Appointed	(select one)	one)	Appointment
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