Fees Approved County

Month

JULY

Year

2017

									If greater than \$1,000			
Name/ Number of Court	Name of Judge/Master/Referee Approving Payment	Case Númber	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.

Appointments Appro	oved County
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Month

____JULY

Year

2017

Name/Number of	Name of Judge/Master/Referee				Name of Division	Position to Which	and the second	
Court	Ordering Appointment	Case Number	Case Style	State Bar No.	Name of Person Appointed	Appointed (select one)	Appointee is (select one)	Date of Appointment
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								NONE

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