Fees Approved County	Approved Co	unty	,
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Month

JUNE

Year

2017

						If greate	greater 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	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.

Month

- 11	JNF

Year

2017

	Name of	 	·	T	Position to Which				
Name/Number of Court	Judge/Master/Referee 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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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.