Month

OCTOBER

Year

2019

		Case Number	Case Style	State Bar No.	Name of Person Appointed		Appointee is (select one)	Date of Approval of Fee	Source of Fee (select one)	Amount Approved	If great	er than \$1,000
Name/ Number of Court	Name of Judge/Master/Referee Approving Payment					Position to Which Appointed (select one)					No. Hours Billed	Amount of Billed Expenses
None												
				-				-				
				-								

											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
NONE												
												h

Year

2019

											If greater than \$1,000		
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NONE											1	
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