MAY

Year

2019

								If 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 Billed	Amount of Billed Expenses
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	Name of	-				Position to Which	,	
Name/Number of	Judge/Master/Referee	•			Name of Person		Appointee is (select	Date of
Court	Ordering Appointment	Case Number	Case Style	State Bar No.	Appointed	one)	one)	Appointment
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