Payments Approved

								Appointee i	s: (Check o	ne)	1			If Greater than \$1,000:	
Name/ Number	er Name of Judge/Master/Referee							Private Prof.	Public Guard.	Friend/ Date of Fee		Amount of	No. of	Amount of	
of Court	Approving Payment	Case Number	Case Style	Name of Person Appointed	State Bar No.	Position to Which Appointed	Atty	Guardian				Source of Funds	Payment		
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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.