2025

										if greater	tnan \$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	Date of Approval of Fee	Source of Fee (select one)	Amount Approved	No. Hours Billed	Amount of Billed Expenses	
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	***** No Fees Approved for the month of September *****												
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