

Fees Approved

Month March 2019

Year _____

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	If greater than \$1,000	
											No. Hours Billed	Amount of Billed Expenses
13 th	Lasomarsino	D18-26763-CV	ITIO JS.	2403 6679	Neal Green	CPS		3-18-19		\$650 ⁰⁰	13	
13 th	Lasomarsino	00-00 10039-CV	ITIO children/ Farhey	0079 0475	Sarah Keathley	OAG		3-18-19		487.50	12.75	
13 th	Lasomarsino	D18-26763-CV	ITIO JS Child	0079 0475	Sarah Keathley	CPS		3/2/19		770.00	15.40	

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.