Month March 2019

										If greater than \$1,000	
Judge/Master/Referee	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
Lagomarsino	D18- 26763-CV	J5.	2403	Neal Greek	CRS		3-18-19		65000	13	
Lagora15:20	1003920	IT70 children/ Farker	0079	Sarah Keathlez	BAG		3-18-14		487.50	12.75	
Lagornaisino	D18 - 26763-cV	ITIO JS Child	0079	Sarah	CPS		3/2/19		770.00	15.40	
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	Name of Judge/Master/Referee Name of Person	Name of Position to Which Name of Person Appointed	Name of Judge/Master/Referee Position to Which Appointee is	Name of Judge/Master/Referee Position to Which Appointee is Approval of	Name of Judge/Master/Referee Case Number Case Style State Bar No. Name of Person Appointed (select one) Name of Position to Which Appointed (select one) Name of Person Appo	Name of Judge/Master/Referee Approving Payment Case Number Case Style State Bar No. Name of Person Appointed (select one) Refer (select one) Appointed (select one) Refer (select one) R	Name of Pudge/Master/Referee Case Style State Bar No. Name of Person Appointed Referee Approving Payment Case Number Case Style State Bar No. Name of Person Appointed Relect one) Research Referee (select one) Research Referee (select one) Research Referee (select one) Research Referee (select one) Research Research Referee (select one) Research Research Referee (select one) Research Rese				

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.