

Fees Approved

Appellate, Justice and Municipal Courts

Month NOVEMBER

Year

2016

Name of Judge/Master/Referee Approving Payment	Case Number	Case Style	State Bar No.	Name of Person Appointed	Position to Which Appointed (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
JUDGE JO ANN DELGADO JP 2-1								0	0	0

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.