es Approved Month December Year 2016

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
13th ~~CCL~~	Lagomarsino	D16-25437 CV	IN RE: Milazzo	24031962	Daniel Biltz	Atty for Amy (mom) Arismendez		12/22/16	County	400.00		
CCL	Putman	C16-25244 CV	~~IN RE:~~ NAJ	~~24077946~~	~~William~~ Dixon	GAL		~~12/22/16~~	Parties	~~364.00~~		

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.