ldress: ty:				
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	STANISLAUS (COUNTY SUPERIOR (COURT	
In the Matter of:)	LITEM F	: FOR GUARDIAN AD FEES AND ORDER- LE DEPENDENCY	
ove referenced ma	tter on behalf of guardian ad litem, I performed	. See	ourt to serve as a guardian ad litem in the eminute order dated (If additional space is required, please	
ATE	DESCRIPTION OF SI	ERVICES	HOURS (
		H	ann ann ta albanta	
		Hours from separate sheet: TOTAL HOURS CLAIMED: Hourly Rate: TOTAL FEES CLAIMED:		
		TOTAL FE	LES CLAIMED.	
I,		, certify that the foregoin	ng is true and correct.	
		, certify that the foregoin	ng is true and correct.	
I, Dated:		, certify that the foregoin Guardian Ad Litem		
Dated: The Court approve Court to make page.	ves guardian ad litem's claim fo yment in this amount to the gu	Guardian Ad Litem ORDER or fees in the amount of	Signature and authorizes the Clerk of the	
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