

**SAN BERNARDINO COUNTY
SUPERIOR COURT**

COMMENTS (96) _____ (24)
 _____ (24)
 _____ (24)
 _____ (24)

VENDOR CODE _____

DOCUMENT ID:
PV _____
 TRANS _____ DEPT. _____ PV NUMBER _____
 DOCUMENT TOTAL
 \$ _____

PC 1026, EC 1017

Page ____ of ____

**EVALUATION
SERVICES CLAIM**

Use Court Form No. 12-21283-356 for:
 PC1368 Competency, PC288 Sex Offender and
 W&I 3051 Addiction Evaluation Services

LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
				2 0 0	2 4 4 5		
LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
				2 0 0	2 4 4 5		
LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
				2 0 0	2 4 4 5		

(PLEASE TYPE OR PRINT LEGIBLY) CHECK HERE IF NEW ADDRESS

CLAIM OF _____

ADDRESS _____

CITY, STATE _____ ZIP _____

E-MAIL _____ PHONE _____

**COPY OF LETTER OF
APPOINTMENT OR
FILE-STAMPED
COURT ORDER IN
SUPPORT OF
SERVICES BILLED
MUST BE ATTACHED**

TYPE OF EVALUATION	FEE
PC 1026 Not Guilty by Reason of Insanity evaluation and report	\$350.00
EC 1017 Defense-requested confidential evaluation and report	\$350.00
Adelanto Detention Center stipend	\$50.00
Court testimony — half day	\$350.00
Court testimony — full day	\$600.00
NOTE: For court testimony, copy of subpoena or court order must be attached. Payment is the responsibility of subpoenaing party (LRC 1460.9).	
Mileage	Current Court-Approved Rate

CASE NUMBER	TYPE OF EVALUATION (see above)	DATE OF EVALUATION	DEFENDANT AND LOCATION*	COURT TESTIMONY ONLY			FEE	MILES DRIVEN **	TOTAL FEE
				JUDGE/ DEPARTMENT	DATE OF TESTIMONY	TIME AM PM			
USE THIS CLAIM FORM FOR PC 1026 AND EC 1017 SERVICES ONLY									

*Indicate where evaluation occurred adjacent to defendant name: West Valley DC; Central DC; Adelanto DC; Patton SH; or other (specify)

**Expert's Physical Address (if mileage claimed): _____

Additional claim forms and the Court's Local Rules and Appointed Services Fee Schedule are available on the Court's website: www.sb-court.org

CLAIM TOTAL \$

EC 1017 EXAM ONLY

I hereby certify that I have reviewed this billing and that these services were performed at my request. The charges shown are recommended for payment as reasonable and appropriate.

Signature of Attorney

Date

I hereby certify under penalty of perjury that the foregoing claim for service is true and correct (CCP 2015.5), that I have been continually licensed in the State of California as a psychologist/ psychiatrist for the time period during which the services claimed above were rendered, and that no part of this claim has previously been presented or paid.

Signature of Claimant

Date and Place

I certify that the above services were directed by the appropriate authority and verified in accordance with established procedures.

Approving Authority

Date

AUDITOR/CONTROLLER'S APPROVAL FOR PAYMENT: I hereby certify that I have examined the facts of the transaction herein set forth as evidenced by the information hereon and the documents attached hereto. All verifications, certification, and checking of computations required by the County Charter and Government Codes have been complied with and this claim in the total amount shown is hereby approved for payment.