

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN BERNARDINO**

COMMENTS (72)
(24)
(24)
(24)

VENDOR CODE

DOCUMENT ID:
DOCUMENT TOTAL
\$

PC 1368/1369, W&I 3050/3051, PC 288.1

Page ____ of ____

EVALUATION SERVICES CLAIM

Use County Form No. 13-17711-360 for:
PC1026 NGI and EC1017 Evaluation Services

	G/L ACCT	COST/FUND CENTER	Functional Area PECT	FUND	AMOUNTS
LINE 1:	939	361160	9100	110001	\$
LINE 2:	939	361160	9100	110001	\$
LINE 3:	939	361160	9100	110001	\$
LINE 4:	939	361160	9100	110001	\$
LINE 5:	939	361160	9100	110001	\$

(PLEASE TYPE OR PRINT LEGIBLY)

CHECK HERE IF NEW ADDRESS

CLAIM OF _____

ADDRESS _____

CITY, STATE _____ ZIP _____

E-MAIL _____ PHONE _____

**MUST ATTACH
COPY OF LETTER
OF APPOINTMENT
OR FILE-STAMPED
ORDER IN SUPPORT
OF SERVICES
BILLED**

TYPE OF EVALUATION/SERVICE	FEE
PC 1368/1369 Competency evaluation and report	\$650.00
PC 1368/1369 Competency evaluation and report, and determination by MD/Psychiatrist if anti-psychotic medication medically appropriate	\$1,250.00
W&I 3050/3051 Addiction evaluation and report	\$650.00
PC 288.1 Sex Offender evaluation and report	\$650.00
Adelanto Detention Center stipend	\$50.00
Court testimony Psychologist* - half/full day (attach copy of subpoena/court order)	\$350.00/\$600.00
Court testimony Psychiatrist* - half/full day (attach copy of subpoena/court order)	\$600.00/\$1,000.00
*Payment is the responsibility of subpoenaing party (LRC 1460.9).	
Unable to perform exam after 2 attempts/Hearing postponed with insufficient notice.	\$325.00
Extensive medical record review >100 pages	\$60/hour (60 pages/hour) Max \$300.00
Mileage	Current Court-Approved Rate

CASE NUMBER	TYPE OF EVALUATION (see above)	DATE OF EVALUATION	DEFENDANT AND LOCATION*	COURT TESTIMONY ONLY			FEE	MILES DRIVEN **	COURT USE ONLY
				JUDGE/ DEPARTMENT	DATE OF TESTIMONY	TIME AM PM			
USE THIS CLAIM FORM FOR PC 1368/1369, W&I 3050/3051 AND PC 288.1 SERVICES ONLY									

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

<p>***Expert's Physical Address (if mileage claimed):</p>	<p>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</p>	<p>CLAIM TOTAL \$</p>
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<p>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.</p>	<p>I certify that the above services were directed by the appropriate authority and verified in accordance with established procedures.</p>	<p>APPROVED / PARKED</p>
<p>_____ Signature of Claimant</p> <p>_____ Date and Place</p>	<p>_____ Approving Authority</p> <p>_____ Date</p>	<p>_____ DATE</p>

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.