

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

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

VENDOR CODE

DOCUMENT ID: _____
DOCUMENT TOTAL \$ _____

	G/L ACCT	COST/FUND CENTER	Functional Area PECT	FUND	AMOUNTS
LINE 1:	939		1100	110001	\$ _____
LINE 2:	939		1100	110001	\$ _____
LINE 3:	939		1100	110001	\$ _____
LINE 4:	939		1100	110001	\$ _____
LINE 5:	939		1100	110001	\$ _____
LINE 6:	939		1100	110001	\$ _____

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

(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
ORDER IN SUPPORT
OF SERVICES BILLED
MUST BE ATTACHED**

TYPE OF EVALUATION	FEE
PC 1368/1369 Competency evaluation and report	\$350.00
PC 1368/1369 Competency evaluation and report, and determination by MD Psychiatrist if antipsychotic medication medically appropriate	\$600.00
W&I 3050/3051 Addiction evaluation and report	\$350.00
PC 288.1 Sex Offender evaluation and report	\$350.00
Adelanto Detention Center stipend	\$50.00
Court Appearance/Testimony by Psychologist	half day \$350.00 full day \$600.00
Court Appearance/Testimony by Psychiatrist	half day \$600.00 full day \$1,000.00

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 **	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)

**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 \$ _____
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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.	I certify that the above services were directed by the appropriate authority and verified in accordance with established procedures.	_____ APPROVED / PARKED _____ DATE
_____ Signature of Claimant	_____ Date and Place	_____ Approving Authority

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.