#26-0395

RECEIVED
MAR 02 2026

COUNTY OF TEHAMA
STATE OF CALIFORNIA
CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

CLAIMANT'S NAME: KENT R. CARUSO,PH.D.
ADDRESS: P.O. BOX 994445
REDDING,CA. 96099

AUDITORS USE ONLY	
COUNTY CLAIM NO: By	
VENDOR NO: 102157	KP & VERIFIED:

(Do not address if transaction is between county departments)

DEPARTMENT USE

DEPARTMENT: **Defense Counsel**

PURCHASE ORDER/AGREEMENT NO:

FUND/DEPT	ACCT. NO	PROJECT NO	ACCT. NO.	WARRANT DESRIPTIONS (25 positions)	AMOUNT
~~2065~~ 2021	~~52320~~ 53160			People vs	$ 2,000.00
				Case Number 25CR826	
				HON.C.TODD BOTTKE,JUDGE	
				ODEH HIJAZEEN,ATTORNEY	
				2/18/26 PSYCHOLOGICAL EVALUATION ~~MENTAL HEALTH DIVERSION~~	

DATE	DESCRIPTION – CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.	TOTAL ▶	$ 2,000.00
02/18/2026	02/18/2026 PSYCHOLOGICAL EVALUATION/MENTAL HEALTH DIVERSION Ex Parte Appointment of Expert		

Purchase Order Required:
- Supplies over allowed maximum
- Supplies + labor or installation charges
- One-time Services (Ins. must be on file)
- Write P.O. Number above & attach to claim

Agreement Required:
- All services except one-time
- Insurance must be on file.
- Write Agreement number above

Under penalty of perjury, I certify: that the above claim, and the items and statements as herein set forth, are true and correct; that no part has been paid, and that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

KENT R. CARUSO,PH.D.
CLAIMANT Kent R. Caruso Ph.D.
CLINICAL-FORENSIC PSYCHOLOGIST 2/23/2026

I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif Gov Code Furthermore, that the articles of services specified in the above claim were necessary and were ordered by me for use by the department and for the purpose indicated above that the articles or services have been delivered or performed as stated hereon except as otherwise indicated by me

SIGNED _____ 3/6/2026
Department Head or Authorized Signature/Date

AUDITOR USE ONLY

I hereby certify that the above claim was examined and approved by this office.

LEROY ANDERSON
Auditor/Controller

By _____ 3/13/26
Deputy County Auditor

BOARD OF SUPERVISORS

Approved. Date _____

Chairman

FORM A-121