## COUNTY OF TEHAMA

STATE OF CALIFORNIA

CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

CLAIMANTS NAME ADDRESS! KENT R. CARUSO, PH.D. P.O. BOX 994445 REDDING, CA. 96099

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AU	DITORS USE ONLY	
COUNTY	CLAIM NO: 25-	
VENDOR NO:	KP & VERIFIED:	
102157		

(Do not address	s if transaction is between county departments)	DEPARTMENT USE	DEPARTMENT USE	
DEPARTMENT:	Defense Counsel	PURCHASE ORDER/AGREEMENT NO.	PURCHASE ORDER/AGREEMENT NO:	
FUND/DEPT	ACCT, NO PROJECT NO. ACCT, NO.	WARRANT DESRIPTIONS (25 positions)	"AMOUNT"	
2065.		People vs	\$ 500.00	
2017	53239	Case Number 23MH000002		
		HON. MAITHEW MCGLYNN, JUDGE		
		ATTY: CHRISTOPHER LOGAN 8/20/25 COURT/SURPOFNA		
		0/20/23 GUURT/ SUBPUENA		
		3/22/25 4425/26	·	
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DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AN	ID INVOICES ATTACHED.	\$ 500.00	
/20/2025	8/20/2025 COURT PREP & STANDBY	Y BLOCKED TIME (23MH000002)		
		***		
	Ex Parte Request for Doo	ctor to Testify		
	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.

anter the last nem thereof has accrued.	KENT R. CARUSO, PH.D.
	KENT R. CARUSO, PH.D.
AUDITOR USE ONLY	V = I O = O = O = O = O
	CLAIMANT TO THE CALLES OF D
I hereby certify that the above claim was examined and .	LICENSED CLINICAL-FORENSIC PSYCHOLOGIST
approved by this office.	I hereby certify, under penalty of perjury, that I have not violated any of the provisions of 8/22/25
LEROY ANDERSON	Article Four, Chapter One, Division Four, Title One of the Calif. Gov. Code: Furthermore,
Auditor/Controller	that the articles of services specified in the above claim wern necessary and were
By 12 8 26 25	ordered by me for use by the department and for the purpora hidicated above that the
Deputy County Auditor	articles or set [25] have ben't delivered if performed an state hereon except es otherwise indictival tarme.
BOARD OF SUPERVISORS	11 17 1 1 1 1 1 1 1
	SIG/JEU 17 // 8/25/2025
Approved: Date	Signed Market Ma
Chairman	Department Head or Authorized Signatures the
FORM A 424	J