COUNTY OF TEHAMA STATE OF CALIFORNIA

CLAIM/AUTHORIZATION FOR RELEASE OF FLINDS

CA

25-1284



| Lainant's Name Odress: | KENT R. CARUSO, PH.D. P.O. BOX 994445 REDDING, CA. 96099 | COUNTY CLAIM NO: | | |
|---------------------------|----------------------------------------------------------|-------------------|----------------|--|
| | | VENDOR NO: 102157 | KP & VERIFIED: | |
| | | | | |

| (Do not address | Defense Counsel ACCT NO PROJECT NO ACCT NO | | | PURCHASE ORDER/AGREEMENT NO: | AMOUNT |
|-----------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| FUND/DEPT | | | ACCT NO | LVARRANT DESRIPTIONS (25 costions) | |
| 2065 | 52320 | THE SECTION | ACC: 10C | People vs | \$1,000.00 |
| 2017 | 53230 | | | Case Number 23MH000002 | 101,000.00 |
| | | <u> </u> | | LAURA S. WOODS, JUDGE | + |
| | * | | | CHRISTOPHER R. LOGAN, ATTY | |
| | | | | 6/19/2025 PSYCHOLOGICAL EVALUAT | r þn |
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| DATE | DESCRIPTION | ON - CLAIMS MUS | T BE ITEMIZED / | AND INVOICES ATTACHED. | \$1,000.00 |
| 6/19/2025 | 6/19 | /2025 PSYCE | OLOGICAL EV | ALUATION (WEB-EX) | |
| | Ex Parte Appointment of Expert Fees | | | | |
| | Supplies Supplies One-time | e Order Require over allowed maxins + labor or installat s Services (ins. mu o. Number above & | mum ion charges st be on file) | 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.

| By R.Z. 7/11/25 LEROY ANDERSON Auditor/Controller | CLAIMANT LICENSED CLINICAL—FORENSIC PSYCHOLOGIST I hereby certify, under pennity of perjuny, that I have not violated any of the provisions of 6/23/25 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 citized 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** Department Head or Authorized Signature/Date* |
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| FORM A-124 | |