

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

AUDITORS USE ONLY	
COUNTY CLAIM NO:	
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 DESCRIPTIONS (25 positions)	AMOUNT
2055	52320			People vs	\$1,250.00
2017	53230			Case Number C160419	
				HON. MATTHEW C. MCGLYNN, JUDGE	
				ODEH HIJAZEEN, ATTY.	
				Psychological Evaluation 6/18/25	
				FY 24/25	
DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.				TOTAL ► \$1,250.00
18/2025	<div style="display: flex; justify-content: space-between;"> <div> <p>06/18/2025      PSYCHOLOGICAL EVALUATION</p> <p><b>Appointment of Expert for PC 2970 for Defense Evaluation</b></p> <p><u><b>Purchase Order Required:</b></u></p> <ul style="list-style-type: none"> <li>Supplies over allowed maximum</li> <li>Supplies + labor or installation charges</li> <li>One-time Services (Ins. must be on file)</li> <li>Write P.O. Number above &amp; attach to claim</li> </ul> </div> <div> <p><u><b>Agreement Required:</b></u></p> <ul style="list-style-type: none"> <li>All services except one-time</li> <li>Insurance must be on file</li> <li>Write Agreement number above</li> </ul> </div> </div>				

**AUDITOR USE ONLY**

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

**LEROY ANDERSON**  
Auditor/Controller

By AZ 7/3/25  
Deputy County Auditor

**BOARD OF SUPERVISORS**

Approved: Date \_\_\_\_\_

Chairman \_\_\_\_\_

CLAIMANT: KENT R. CARUSO, PH.D.  
CLINICAL-FORENSIC PSYCHOLOGIST 6/23/2025

SIGNED Paul M. [Signature] 6/30/2025  
Department Head or Authorized Signature/Date