

**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:	
VENDOR NO: <b>102157</b>	KP & VERIFIED:

(Do not address if transaction is between county departments)

DEPARTMENT USE				PURCHASE ORDER/AGREEMENT NO:	
DEPARTMENT: <b>Defense Counsel</b>					
FUND/DEPT	ACCT. NO.	PROJECT NO.	ACCT. NO.	WARRANT DESCRIPTIONS (25 positions)	AMOUNT
2065 <b>2021</b>	52320 <b>53160</b>			People vs Case Number 18CR1049	\$1,500.00
				HON. C. TODD BOTTKE, JUDGE	
				ODEH HIJAZEEN, ATTY.	
				1/19/24 PSYCHOLOGICAL EVALUATION	
				Ex-Parte Appointment of Expert	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.	TOTAL
1/19/2024	PSYCHOLOGICAL EVALUATION \$1,500.00  DOUGLASS EARL HOGAN CASE#18CR1049  <b>Purchase Order Required:</b> • 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  <b>Agreement Required:</b> • All services except one-time • Insurance must be on file • Write Agreement number above	\$1,500.00

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.

AUDITOR USE ONLY	
I hereby certify that the above claim was examined and approved by this office.	
LERROY ANDERSON Auditor/Controller	
By <b>AZ 21624</b>	Deputy County Auditor
BOARD OF SUPERVISORS	
Approved: Date _____	Chairman

CLINICAL FORENSIC PSYCHOLOGIST

CLAIMANT Kent R. Caruso, Ph.D.

KENT R. CARUSO, PH.D. 1/26/2024

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 [Signature] / 2/2/2024  
 Department Head or Authorized Signature/Date