

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

RECEIVED
DEC 11 2025
ONLY
By

VENDOR NO: 102157	KP & VERIFIED:
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DEPARTMENT USE

Defense Counsel

PURCHASE ORDER/AGREEMENT NO:[illegible]

DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.

TOTAL

\$1,000.00

12/1/2025 PSYCHOLOGICAL EVALUATION

CASE#CR04182

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.

AUDITOR USE: ONLY

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

LEROY ANDERSON
Auditor/Controller

By AZ 12/31/25
Deputy County Auditor

BOARD OF SUPERVISORS

Approved, Date

Chairman

FORM A-121

CLINICAL-FORENSIC PSYCHOLOGIST

CLAIMANT

KENT R. CARUSO, PH.D.

12/4/2025

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 herein except as otherwise indicated by me.

SIGNED

12/16/2025

Department Head or Authorized Signature/Date