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PHONE: TAX ID: FAX:  ACCOUNT # of RATE KEY OBJECT # HOURS PER HOUR AMOUNT EXPENSE NOTE: SERVICES Travel Copy TOTAL  - TOTAL  - TOTAL  - TOTAL  - TOTAL  - TOTAL  - Auditor-Controller Listements, items, and amounts as therein set forth are true and correct, that no paid, then the amount claimed is justly due and is presented within one year after the last tenn has therefore accrued.  SIGNED:  BY:  AUDITOR-CONTROLLER  REPARED BY:  PHONE:  BY:  AUDITOR-CONTROLLER  BY:  AUDITOR-CONTROLLER  BY:  AUDITOR-CONTROLLER  BY:  AUDITOR-CONTROLLER  BY:  AUDITOR-CONTROLLER  BY:  AUDITOR-CONTROLLER  Department Head:  BY:  Instruction for submission of claims to the Superior Court of California, County of Solano. A) The following claims are to be submitted to the Accounting Department of the Superior Court: 2. Claims for appointed services rendered in cases falling under 4700FC (CMF Cases) B) All claims submitted for payment should include an ender of administration of the count appointed services rendered in cases falling under 4700FC (CMF Cases) B) All claims should provide an including case name, dates of service, number of hours, Taxpayer's ID. CDCs, and Penal Code #. Sign the claim in blue ink 2. Claims should provide an including case name, dates of service, number of hours, Taxpayer's ID. CDCs, and Penal Code #. Sign the claim in blue ink 2. Claims for investigation and witness fees should include an endorsed copy of the court order. 4. Submit above originals and one photocopy of each: vendor claim, order, invoice, and receipts to Superior Court of California, County of Solano, 600 Union Avenue, Fairfield, C & MS453, Metamics. Accounting  MARK "CONFIDENTIAL" FOR PC4700 CASES  The information below must be completed by the claimant:	18 50			RRIS, CPA	AUDITOR'S OFFICE ONLY				
WARRANT ISSUED DATE  NAME AND ADDRESS OF VENDOR  ORGANIZATION TITLE SUPERIOR COURT OF CALIFORNIA COUNTY OF SOLANO 600 UNION AVE., 3RD FLOOR FAX: FAIRFIELD, CA 94533  ACCOUNT # of RATE KEY OBJECT HOURS PER HOUR AMOUNT EXPENSE NOTES SERVICES Travel Copy  TOTAL  -  TOT				NTROLLER	CLAIM NO.  VENDOR NO.				
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NOTE:   NOTE					SUPERIOR COURT OF CALIFORNIA COUNTY OF SOLANO 600 UNION AVE., 3RD FLOOR				
SERVICES  Travel  Copy  TOTAL  -  Interest certify upon my own personal knowledge that the above claim and the statements, tems, and amounts as therein set forth are true and correct, that no part thereof has been paid; that the amount claimed is justly due and is presented within one year after the last item as therefore accrued.  SIGNED:  BY:  AUDITOR-CONTROLLER  REPARED BY:  PHONE:  PHONE:  AUDITOR-CONTROLLER  REPARED BY:  PHONE:  AUDITOR-CONTROLLER  PREPARED BY:  PHONE:  PHONE:  AUDITOR-CONTROLLER  PREPARED BY:  PHONE:  AUDITOR-CONTROLLER  Department Head:  ##  Auditor-Controller  Auditor-Controller  Auditor-Controller  Auditor-Controller  Auditor-Controller  Department Head:  ##  AUDITOR-CONTROLLER  PREPARED BY:  PHONE:  AUDITOR-CONTROLLER  PREPARED BY:  AUDITOR-CONTROLLER  PREPARED BY:  PHONE:  AUDITOR-CONTROLLER  Department Head:  ##  Auditor-Controller  Auditor-Controller  Auditor-Controller  Auditor-Controller  Auditor-Controller  Department Head:  BY:  AUDITOR-CONTROLLER  PREPARED BY:  PHONE:  AUDITOR-CONTROLLER  PREPARED BY:  PHONE:  AUDITOR-CONTROLLER  PREPARED BY:  AUDITOR-CONTROLLER  PREPARED BY:  AUDITOR-CONTROLLER  PREPARED BY:  AUDITOR-CONTROLLER  Department Head:  BY:  AUDITOR-CONTROLLER  Auditor-Controller  Auditor-Controller  Auditor-Controller  Department Head:  BY:  AUDITOR-CONTROLLER  PREPARED BY:  AUDITOR-CONTROLLER  Auditor-Controller  Auditor-Controller  Auditor-Controller  Auditor-Controller  Auditor-Controller  Department Head:  BY:  AUDITOR-CONTROLLER  BY:  AUDITOR-CONTROLLER  Auditor-Controller  BY:  AUDITOR-CONTROLLER  Auditor-Controller  Auditor-Contro	Α	CCOUNT	# of	RATE					
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I hereby certify that the computations are correct and the claim is therefore approved for payment.  I hereby certify that the computations are correct and the claim is therefore approved for payment.  I hereby certify that the computations are correct and the claim is therefore approved for payment.  I hereby certify that the computations are correct and the claim is therefore approved for payment.  I hereby certify that the computations are correct and the claim is therefore approved for payment.  I hereby certify that the computations are correct and the claim is therefore approved for payment.  I hereby certify that the computations are correct and the claim is therefore approved for payment.  I hereby certify that the computations are correct and the claim is therefore approved for payment.  I have been paid the payment and the p	-			TOTAL	_				
REPARED BY: PHONE: 04/02/25  ERTIFICATE OF DEPARTMENT HEAD: hereby certify upon my own personal knowledge that the articles or services specified in the above claim were ordered for the purpose indicated hereon; that the articles are been delivered or the services have been performed by the claimant as set forth above, with the exceptions noted.  Ialim is therefore hereby approved for the sum of:  Pepartment Head:  Department Head:  Pepartment of the Superior Court:  1. All claims for court appointed services rendered to the Accounting Department of the Superior Court:  2. Claims for appointed services rendered in cases falling under 4700PC (CMF Cases)  3. All claims submitted for payment should include the following:  1. Completed vendor claim including case name, dates of service, number of hours, Taxpayer's ID, CDC#, and Penal Code #. Sign the claim in blue ink  2. Claims should provide an itemized invoice describing services rendered and mileage. Attach original expense receipts  3. All claims for investigation and witness fees should include an endorsed copy of the court order.  4. Submit above originals and one photocopy of each: vendor claim, order, invoice, and receipts to Superior Court of California, County of Solano, 600 Union Avenue, Fairfield, CA 94533, Attention: Accounting.  MARK "CONFIDENTIAL" FOR PC4700 CASES  The information below must be completed by the claimant:	correct; that no part thereof has been paid; that the amount claimed is justly due and is presented within one year after the last item has therefore accrued.			BY:					
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			MARK "CO	NFIDENTIAL"	FOR PC4700 CA	SES			
A.) G. Till	Γhe informati	on below must be con	npleted by the claim	nant:					
A.) Case Title: CDC#: Case No.:	A.) Case Titl	e:	CDC#:		Case N	Vo.:			

Dept No.:

If so, Where?

1026.P.C.?

D.A?

Date of Appt:

Psychiatrist?

Other?

Other?

Name of appointing Judge:

Did the alleged offence occur in a State Prison?

Were you appointed at the request of P.D?

Were you appointed pursuant to 1368P.C.?

B.) Court appointed Forensic Evaluator: You were appointed as a Psychologist?