

PROGRAM 031	HOMICIDE TRIALS ACTUAL COSTS REIMBURSEMENT/FINAL RECONCILIATION OR CHANGE OF VENUE COSTS CLAIM SUMMARY	FORM 1B
(01) County Name		
(02) Name of Trial		
(03) Claim Period _____ to _____		
(04) Date Homicide Occurred		
(05) Date Final Judgment Entered		
(06) Full Value of the Assessed Property for the Fiscal Year (FY) of Claim		\$
(07) Summary of Homicide Trial Costs		
A. Witness Costs		\$
B. Prosecution Costs		\$
C. Defense Costs		\$
D. Sheriff Costs		\$
E. Other Costs (Describe)		\$
F. Total Costs for the Claim Period		\$
If filing a Change of Venue claim, continue to line (08). If you are not filing a Change of Venue claim, proceed to line (13).		
<u>Lines (08) through (12) – For Change of Venue Costs Only (with final judgement entered on or after 1/1/90)</u>		
(08) Total Homicide Trial Costs [line (07) F]		\$
(09) Less: Tax on 0.0125 of 1% of the Full Value of the Assessed Property		\$
If line (08) is greater than or equal to line (09), proceed to line (10)		
(10) Contract Attorney Costs		\$
(11) Contract Investigator Costs		\$
(12) Total Claimed Amount [line (10) + line (11)]		\$
<u>Lines (13) through (17) – For Actual Costs Reimbursement/Final Reconciliation Claims Only</u>		
(13) Number of Trials or Hearings		
(14) FY of Claim		
(15) Total Homicide Trial Costs [line (07) F]		\$
(16) Less: Tax on 0.0125 of 1% of the Full Value of Assessed Property		\$
(17) Total Claimed Amount for the Claim Period [line (15) minus line (16)]		\$

PROGRAM 031	HOMICIDE TRIALS ACTUAL COSTS REIMBURSEMENT/FINAL RECONCILIATION OR CHANGE OF VENUE COSTS CLAIM SUMMARY INSTRUCTIONS	FORM 1B
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- (01) Enter the name of the county filing the claim.
- (02) Enter the name of the trial.
- (03) Enter the claim period in which costs were incurred.
- (04) Enter the date on which the homicide occurred.
- (05) Enter the final judgement date.
- (06) Enter the full value of property assessed for purposes of taxation for the fiscal year (FY).
- (07) A. Enter the total amount of witness costs.
- (07) B. Enter the total amount of prosecution costs.
- (07) C. Enter the total amount of defense costs.
- (07) D. Enter the total amount of sheriff costs.
- (07) E. Enter and describe the amount of the other allowable costs.
- (07) F. Total lines (07) A through E.

If filing a Change of Venue claim, continue to line (08). If you are not filing a Change of Venue claim, proceed to line (13).

Lines (08) through (12) – For Change of Venue Costs Only (with final judgement entered on or after 1/1/90)

- (08) Enter the amount of Total Costs for the Claim period, line (07) F.
- (09) Enter the total of the Full Value of the Assessed Property, line (06), multiplied by 0.000125.
- Proceed to line (10) only if line (08) is greater than or equal to line (09). If line (09) is greater than line (08), the county does not qualify for reimbursement, STOP, do not continue to lines (10) through (12).**
- (10) Enter the total amount of the contract attorney's costs.
- (11) Enter the total amount of the contract investigator's costs.
- (12) Enter the sum of lines (10) and (11), and carry forward to line (08) of the Form FAM-45.

Lines (13) through (17) – For Reimbursement/Final Reconciliation Claims Only

- (13) Enter the number of trials or hearings.
- (14) Enter the FY of claim for the trial or trials.
- (15) Enter the amount of Total Costs for the Claim Period, line (07) F.
- (16) Enter the total of the Full Value of the Assessed Property, line (06), multiplied by 0.000125.
- (17) From the Total Homicide Trial Costs, line (15), subtract the Less: Tax on 0.0125 of 1% of the Full Value of Assessed Property, line (16), and carry forward the amount to line (08) of the Form FAM-45.

Contact Information:

Questions? Contact the Controller's Team at (916) 324-5729 or LRS LGPSD@sco.ca.gov.