

PROGRAM 031	HOMICIDE TRIALS ADVANCE PAYMENT CLAIM SUMMARY	FORM 1A
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Please see Table 1, Eligible Counties for Advance Payment, on the Instructions page of Form 1A to verify the county's eligibility.

(01) County Name	
(02) Estimated Trial Completion Date	
(03) Estimated Full Value of the Assessed Property for the Fiscal Year (FY)	\$
(04) Net Estimated Annual Cost of Homicide Trial(s)	\$
(05) Less: Tax on 0.0125 of 1% of the Estimated Full Value of the Assessed Property	\$
(06) Total Request for Advance Payment [line (04) minus line (05)]	\$
(07) Actual Cost to Date (Form 1B)	\$
(08) Amount Received for Advance Payment in Prior FY(s)	\$
(09) Amount Due or Amount Overpaid [line (07) minus line (08)]	\$
(10) Adjusted Net Advance Payment [line (06) + line (09)]	\$
(11) Amount of Monthly Advances [(line (10) / 12 months)]	\$

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Eligibility: Once the threshold eligibility is met, counties with a population of 150,000 or less as of January 1, 1983, may request an advance payment.

Table 1: Eligible Counties for Advance Payment

Alpine	Humboldt	Mariposa	Placer	Tehama
Amador	Imperial	Mendocino	Plumas	Trinity
Calaveras	Inyo	Merced	San Benito	Tuolumne
Colusa	Kings	Modoc	Shasta	Yolo
Del Norte	Lake	Mono	Sierra	Yuba
El Dorado	Lassen	Napa	Siskiyou	
Glenn	Madera	Nevada	Sutter	

Pursuant to Government Code sections 11019.5(a) and (b), claimants must submit the following:

- (1) The County Board of Supervisors' approval indicating that an advance payment is necessary. This requires the county to submit two copies of the Minutes of the Board of Supervisors meeting at which the Board authorized a request for an advance payment.
- (2) A statement explaining why the county is in need of an advance payment in order to conduct a trial or trials. The county's financial position should be taken into consideration. Attach a copy of the following documents to support the statement, as applicable:
 - Financial statement;
 - Budget report; and
 - Other relevant financial documents.

Instructions:

- (01) Enter the name of the county filing the claim.
- (02) Enter the estimated trial completion date.
- (03) Enter the estimated full value of property assessed for purposes of taxation for the fiscal year (FY) that costs were incurred.
- (04) Enter the amount of the net estimated annual cost of homicide trial(s) for the FY of the advance payment request.
- (05) Enter the total of the Estimated Full Value of the Assessed Property, line (03), multiplied by 0.000125.
- (06) Enter the difference between the Net Estimated Annual Cost of Homicide Trials, line (04), less line (05) Less: Tax on 0.0125 of 1% of the Estimated Full Value of the Assessed Property.
- (07) Enter the amount of actual costs to date from Form 1B, Total Claimed Amount for the Claim Period, line (17). If no actual costs were incurred, enter zero.
- (08) Enter the amount the county received for advance payment under Government Code section 11019.5 for prior FY(s). If no payments were received, enter zero.
- (09) Enter the difference between the Actual Cost to Date, line (07), less the Amount Received for Advance Payment in the Prior FY(s), line (08). This amount will be used to adjust the current-year advance payments.
- (10) Enter the sum of the Total Request for Advance Payment, line (06), and the Amount Due or Amount Overpaid, line (09). A positive balance means an amount is due to the claimant from the State; carry forward to line (10) on Form FAM-45. A negative balance means the claimant owes an amount to the State; carry forward to line (11) on Form FAM-45.
- (11) Enter the amount of the Adjusted Net Advance Payment, line (10), divided by 12 months.

Contact Information:

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