



TRINITY COUNTY

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Public Defender Conflict Counsel – Claim submission Process

1. **Documentation:** Gather all necessary documentation related to the claim. Include the following:
 - a. Invoices – must include the following:
 - i. Contact information – name, address, email and phone number
 - ii. Date of invoice
 - iii. Invoice number (cannot be the same number on every invoice)
 - iv. Case number
 - v. Date worked on case
 - vi. Description of task
 - vii. Hours Worked - time worked on description of task
 - Billing increments to be entered in as 0.1 (tenths) of an hour.
 - viii. Rate of pay - \$80.00 per hour
 - ix. Total for the line item
 - x. Total balance due.

Invoice Example:

Sally Sample Law Office
 1234 Sunshine Lane
 No Where CA, 98765
ss@lawoffice.org
 530-555-2222

INVOICE 24-001

Date: 6/30/24

Case #	Date	Description	Hours Worked	Rate	Total
24F001	6/26/2024	Meeting with client; review and confirm statements	1.7	80	136.00
24F001	6/27/24	Communication with DA – requesting discovery	0.3	80	24.00
24F001	6/28/24	Mileage Reimbursement	86.8 miles	.67	58.15
24F001	6/29/24	Call with client confirming court date	.1	80	8.00
BALANCE DUE					226.15

- b. Court minutes and any other relevant paperwork that details the services provided by the conflict counsel attorneys.
 - c. Travel Reimbursement – Mileage only
 - i. Mileage - Map Quest or Google Maps must be attached to show mileage for the day. Mileage will be paid at the current IRS rate for the date listed on the invoice. **Mileage will not be paid for each case worked in the same day.**
2. **Claim Form:** Obtain the official claim form from the county auditor-controller's website www.trinitycounty.org/Auditor-Forms.
- a. Enter name and address information.
 - b. Contact TC_Auditor@trinitycounty.org for a vendor number if you do not already have one.
 - c. Enter case number and date range in the “Customer I.D.” column.
 - d. Enter Invoice number in the “Invoice #” column. Please remember each invoice submitted cannot have the same invoice number as the last one used.
 - e. Attach the invoice, travel map (if claiming mileage), court minutes and any other relevant paperwork that details the services provided.
 - f. Indicate on the claim form if you would like the warrant mailed or if it will be picked up. Please have a photo ID available if you will be picking up the warrant from the Auditor-Controller’s office located at 11 Court St. Suite 229 Weaverville Ca 96093. The warrant will not be released without confirmation of identity.
3. **Claimant Signature:** Ensure that you have properly verified the claim and supporting documentation is attached. Once completed, attorney must sign claim form for “claimant” before submitting to the Trinity County Superior Court.
4. **Submission:** Submit the completed claim form, with all applicable documentation attached by the 5th of the month for prior month services to the Trinity County Superior Court.
5. **Review and Approval:** The Judge will need to review the claim and the backup documentation in order to approve or deny the claim. Once the Judge has reviewed the claim and agrees invoice of services is valid and within the submission deadline they will authorize the claim with signature and submit to the Trinity County Auditor-Controller’s office. The Auditor-Controller's office will review the claim to ensure compliance with county policies and budgetary constraints. They will also verify the accuracy of the documentation provided.
6. **Payment:** Once the claim and back up documentation is confirmed accurate and approved, the Auditor-Controller's office will process the payment for the services provided.

**NOTE: IF INVOICING FOR A FULL YEAR OR PRIOR YEARS
PAYMENT IS NOT GAURANTEED.**

SUBMIT TIMELY!